

North-East Kent United Districts.

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# ANNUAL REPORT

ON THE

## Health & Sanitary Condition

OF THE COMBINED DISTRICTS OF

## NORTH-EAST :: KENT

FOR THE YEAR 1919,

BY

T. BARRETT HEGGS, M.D., D.P.H.,

Medical Officer of Health.

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SITTINGBOURNE:

W. J. PARRETT, LTD., EAST KENT GAZETTE OFFICE, HIGH STREET.

1920.

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1919.

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TO THE NORTH-EAST KENT UNITED DISTRICTS  
(M.O.H.) JOINT COMMITTEE.

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MR. CHAIRMAN, LADIES, AND GENTLEMEN,—

ANNUAL REPORT FOR 1919.

I beg to submit my last Annual Report as your Medical Officer of Health.

The past year has been an exceptionally busy one, owing, partly, to new regulations and partly to the necessity of dealing with sanitary matters left in abeyance during the War.

The advent of the Ministry of Health and the impetus to the work of Housing reform, and other matters of social betterment caused by the Ministry and by a growing public demand for better social conditions, have increased the duties, scope, and utility of your Health Departments—Infant Welfare, Maternity, Housing, Cottage Hospital accommodation, Malaria, and Tuberculosis in Children, are matters which have received particular attention during the year, and in some of them substantial progress can be reported.

I beg to thank the public of these districts for their confidence in the Health Departments and you, gentlemen, for your support to your officials.—

I am, your obedient servant,

T. BARRETT HEGGS.





A COMPARISON OF VITAL STATISTICS, ETC., OF 1919 WITH 1918.

District	Year	Birth Rate	Death Rate	Infant Mortality	Typhoid	Diphtheria	Scarlet Fever	Tuberculosis, all forms	Indigenous Malaria
Sheerness .....	{ 1919	22.2	12.9	78.6	2	9	10	27	7
	{ 1918	18.3	18.5	106.0	8	14	12	30	7
Queenborough .....	{ 1919	20.3	10.1	98.6	1	27	2	12	20
	{ 1918	25.3	11.4	58.0	—	13	1	5	13
Sittingbourne .....	{ 1919	20.0	11.3	105.0	—	—	—	—	—
	{ 1918	20.3	17.7	112.0	—	21	7	13	—
Milton Regis .....	{ 1919	19.4	11.6	21.1	—	15	5	23	—
	{ 1918	18.0	15.0	94.0	—	20	1	21	—
Milton Rural .....	{ 1919	17.2	13.0	64.6	—	—	—	—	3
	{ 1918	16.9	15.2	62.0	1	22	19	35	—

Imported Cases of Infectious Disease are not included.

## SALE OF FOOD AND DRUGS ACT.

The following is a list of the articles purchased within the area of the Sittingbourne Police Division, and submitted to the County Analyst, during the year ending 31st December, 1919.

In 6 cases of adulteration of milk the offenders were prosecuted and fined amounts varying from £1 to £15 and costs of £3/3/0. I am indebted to the Superintendent of Police for this information.

This check upon the quality of the food of the people is a most necessary public health work. This applies very particularly to milk, the food of the infants and the sick. This work is carried out by the County Constabulary.

Articles	Sheerness	Queenborough	Sittingbourne	Milton Regis	Milton Rural	Sheppy Rural
New Milk .....	22	1	40	18	20	2
Butter .....	9	3	8	2	8	3
Margarine .....	2	1	3	3	3	2
Lard .....	3	—	1	4	1	1
Jam .....	—	1	—	2	2	—
Whisky .....	1	1	8	3	2	—
Brandy .....	—	1	1	1	1	—
Gin .....	1	—	2	2	1	—
Rum .....	—	—	1	1	—	—
Coffee .....	—	—	—	1	2	1
Cocoa .....	—	—	1	—	—	—
Sugar .....	—	—	—	1	2	—
Flour .....	—	—	—	1	1	1

and samples of Mustard (3), Ginger, Sage (2), Olive Oil, Cod Liver Oil, Iodine, Citric Acid, Am. Tincture of Quinine, Arrowroot.

## THE PAST.

The past fourteen years since my advent to the Sittingbourne and Milton districts have seen much progress in Public Health affairs. The meaning of a public service for the health of the people has been cultivated. No family but now knows the Health Department and what it does. No one hesitates to appeal to it in matters affecting health. It has embraced infants from their birth, and even the work of the midwife before birth, through the pre-school days by the agency of the Health Visitor to the school life when medical inspection stepped in, then up to the factory and workshop. In infectious disease at all ages, in Tuberculosis particularly, at Sanatorium or Dispensary, and at the homes in numerous ways the activities of the Department have brought the idea of a service for the health of the public into intimate relation with every individual. This has been the object and to a large extent it has been achieved. This awakening of the public conscience to health matters has justified every bit of work of Public Health Authorities, Hospital Boards, Infant Welfare Committees, and officials which has been done in this period. This has only been achieved by the cordial co-operation of the voluntary and the professional workers, of the various Authorities and their officials. The record of work done is no mean one, and the soil is now prepared for the seed of progress which is being cast over the land by the new Ministry of Health. May the crop in this district be prodigious is my hope as one of your pioneers.



## THE FUTURE.

On leaving these districts after serving as your Public Medical Adviser for several years, perhaps I may be permitted to freely express to you my opinions, based on much experience of working amongst you, of the needs of the districts as pertaining to the prevention of disease.

The greatest need is of stronger desire or demand for this work. At present the desire is half-hearted. There is no enthusiasm among the representatives of the people; whether in Housing, the improvement of the amenities of life, the environment of the people, the reduction of sickness, of pain, of poverty, of misery, or even of mortality, the attitude is one of passive resistance in some quarters and in others indifference. Open defiance or opposition is rarely found nowadays, but there is resentment at the "pushing" policy of Government, the Ministry of Health, the local health officials. One Council-lor actually advocated the discharge of a Health Visitor because she was too efficient, and was thereby causing an expansion of her department, which meant increased expenditure from local rates. In another district a sanitary official was actually dismissed without complaint, but he undoubtedly was doing efficient work. Yes, the public seems indifferent to health reform. An educational propaganda is sadly needed. The War upset our vision—our minds were turned from construction to destruction, and the meaning of reconstruction we have not yet grasped. It is a psychological effect, which will right itself in time. A more alert generation, with new enthusiasms and new visions is wanted, and there are signs that this is coming, and that the obsolete and unreceptive must give place to the inevitable spirit of progress.

The youth that won the War must also win the Peace. Then will progress in preventive medicine be not only possible, but be demanded with enthusiasm. I have complete confidence in the future of public health work in the North-East Kent Districts.



## TUBERCULOSIS.

Considerable progress in recent years has been made in organising our forces for a complete and thorough campaign against this scourge of mankind.

Tuberculosis Dispensaries, Sanatoria, Tuberculosis Hospitals for lung cases and for other forms of the disease, Farm Colonies, etc., are being established. Medical men are specializing in the disease as Tuberculosis Officers, and efforts are being made by Government and by voluntary societies to educate the public to the prevention of the disease and to its recognition and treatment in a curable stage.

There are two aspects that have yet to be emphasized as being directions in which yet more work should be done. "*The first is that of Prevention.*" There is no phase of life from the cradle to old age in which prevention of this disease should not be made to influence the environment, the habits as to food and exercise, the home, the school, the workshop, the place of public entertainment, and the church or chapel. It is not sufficiently recognised that this is so universally present with us that every man, woman, and child at some period or periods of his or her existence will have to fight this infection and that the success or failure of that battle will depend more upon the extent to which hygienic principles have dominated that life in the past, than upon the power of any remedial measures that can be called in after the infection has gained a foothold.

The second is the "*The Treatment of Tuberculosis in Childhood.*" I have advocated the need of this both by reports and by articles in the Press during the past year. The need in our districts is for a Sanatorium School, where treatment and education of these children can be carried on. I cannot do better than reprint here one of those articles, which was published in August, 1919:—

To understand this need of our districts it is necessary to consider a few facts concerning the behaviour of this disease.

Scientific research has proved conclusively for all time that Tuberculosis is an infectious disease. It is acquired chiefly by breathing the infected spray of sufferers, who in coughing distribute large numbers of these germs carried on particles of mucus or moisture from their lungs into the atmosphere around them. It is also acquired by ingesting the milk of tuberculous cows, and in a few less frequent ways, but the main method of infection is by inhaling the germs into our air passages. Hence the predominating form of Tuberculosis is that of the lungs. On inhaling such germs the risk of becoming affected by this disease depends upon our personal constitutional resistance, and the dosage of the infection we inhale.

Now Tuberculosis is a chronic disease, and before it makes itself manifest by the usual signs of loss of weight, coughing, night sweating, it usually has been invading the body for some considerable time. This time depends upon the resistance shown by the body to the invasion of the germs. When these signs have once become manifest and the resistance of the body has broken down, it is a long time, even under the best conditions, before in the first place the invasion of the disease is checked, and later, the germs now quiescent (or not actively growing and multiplying) are gradually killed, eaten up by the blood cells, and destroyed by the protective fluids of the body until no live tubercular germ remains in the tissues.

The period, therefore, of the cure of the consumptive can be divided into two well-marked stages—(1) The recuperation of the resistance of the body until the activity of the disease is checked, and the disease is termed “quiescent”; (2) the maintenance of this high state of resistance until the quiescent germs are killed and disposed of, and finally eradicated from the body.

For the first stage Sanatorium treatment is required. For the second stage a consistently healthy, hygienic life, with nourishing food, and outdoor occupation. The duration of the first stage varies according to the activity of the disease, and the area involved when the patient first comes under proper treatment, and also to the resistance to the disease shown by the constitution under treatment. This period may not and often does not exceed six months.

The period of the second stage, however, is very much longer, and will probably be several years in every case. During this second stage the patient is liable, should his resistance be lowered by other illness, by worry and anxiety, by starvation (i.e., living on unsuitable food, not necessarily too little food), or unsuitable occupation, to a recrudescence or a lighting up of the activity of the disease. This is because the germs, lying quiescent, are only gradually killed, and those remaining alive are ever ready to take advantage of any lowered resistance of their surroundings to grow and multiply.

Now let us apply these facts to the problem of the consumptive child. Here constitutional resistance is quickly lowered, and quickly raised. No patients do so well on Sanatorium treatment as do children. The speed with which they respond to improved hygienic conditions is marvellous. At the same time the ease with which their resistance is lowered by unhealthy surroundings, and the common ailments, is also equally marked.

The consumptive child passes through stage one in a comparatively short time. The disease becomes quiescent, the cough goes, the child puts on flesh, and apparently is in perfect health. Accommodation for Sanatorium treatment is,



therefore, even more justified by results in the case of children than in adults. There is, however, no special accommodation for the children in the county of Kent.

The period of the second stage, however, is a very treacherous one for them. During school life they are exposed to many infections. Frequent epidemics of colds go through the schools, whooping cough, measles, German measles, and other outbreaks occur.

The atmosphere of school, with its comparatively foul air, and the nervous strain of modern educational requirements, militate against the maintenance of that high state of physical resistance which is necessary. In other words, the school child easily relapses. Thus the history of the consumptive child is one of repeated relapses or recrudescences of the disease followed by periods of recuperation.

During these relapses the child may be infective and may unwittingly spread the disease to other children whose resistance at the time, owing to the common ailments, may not be sufficient to withstand the infection.

The method of prevention called for is obvious, and has been adopted by the most progressive Educational and Public Health Authorities in the country, namely, "Special Schools for Tuberculosis Children, or Sanatorium Schools."

Here in buildings suitable in every way for the maintenance of their health the consumptive children, whose disease has become quiescent, live and receive their education—open air class-rooms, nature study, physical culture; in fact, education and the completely hygienic life combined. The children are under medical supervision, their bodies and their brains are never overtaxed. This is prevention of the disease, without the educational disabilities under which the consumptive child at present suffers. Should the child be entirely excluded from school it grows up with the great disadvantage in after life of lack of education. If allowed to attend school, it is at the risk of spreading the disease to other children.

At present a compromise is adopted. Consumptive children are excluded from school for periods varying from three months to twelve months or more, and as soon as the child is considered no longer infective, or has reached the stage of quiescence it is re-admitted for the sake of its education. Let us improve upon these half-measures, and insist upon our Education and Public Health Authorities tackling this problem in a more satisfactory manner.

In our five districts (Sheerness, Queenborough, Sittingbourne, Milton Regis, and Milton Rural), during the first half of this year, 1919 (January to June 30th), no fewer than 100 children were excluded from school because of Tuberculosis; some of these were excluded for a portion of this period, others for the whole time.

This fact alone demonstrates the need. What we want is at least a reasonable attempt to tackle the problem. What is needed is:—(1) For the treatment of tuberculosis children, a block of twenty beds for the North-East Kent Districts. (2) For their after-care and education a Sanatorium, with accommodation for at least twenty-five children, which number of special children is considered sufficient for one teacher.

Both these could be provided with economic advantage in administration in conjunction with Keycol Sanatorium.

About the same time these recommendations were made to the Joint Hospital Board, who approached the Kent County Council upon them, the Chairman of the Kent Education Committee stated that the question of open-air schools had been under consideration and that the Education Committee were prepared to act.

I trust the Authorities of the North-East Kent Joint Area will not let the matter rest at this, but will pursue the question with the County Council until adequate provision for tubercular children is an accomplished fact. In the meantime it is unfortunate that the Sittingbourne and Milton Districts, who were pioneers in this work in Kent, and have at different periods treated consumptive children at Keycol Hospital, should have decided not to touch this matter, but to leave all action to the County Committee.

### SCHEMES FOR DEALING WITH AN EPIDEMIC OF INFLUENZA.

The following report was presented to each Council in January, 1920:—

The Ministry of Health in their memorandum asks Health Authorities to make arrangements *in advance* for combating an epidemic of Influenza, so that the great mortality experienced in the last epidemic shall not be repeated. It advises that the following steps be taken:—

(1) A small emergency Committee be formed from the Authorities' Health Committees, to whom the Medical Officer of Health should be delegated power to act and to incur the necessary expenditure.

(2) Medical practitioners and voluntary health workers as District Nursing Associations, should be invited to co-operate, also representatives of the Hospital Board and Maternity Committee.

(3) A scheme should be formulated to be carried out under the direction of the Medical Officer of Health, for providing nursing and other assistance to families stricken with influenza.

(4) The district should be divided into areas with nursing arrangements for each. The nursing of each case to be carried



out under the direction of the doctor in charge of the case.

(5) Women to be enlisted as “home helps” to assist the care of children and ordinary domestic work, in those houses where such assistance may be urgently needed.

(6) The scheme to utilise the Health Visitor and staff of any Hospital, Crèche, or other Institution, under control of the Councils, as well as nurses of District Nursing Associations, private nurses, and any women with nursing experience (such as those trained for recent Army work, ambulance work), who can be enlisted for this work.

(7) Arrangements for temporary Crèches to be improvised, and special kitchens for cooking invalids’ food.

(8) Arrangements for utilising portion of Isolation Hospital or other emergency Hospital as accommodation for the worst cases.

(9) Issue of notices and leaflets to the public.

(10) Prevention of overcrowding of public halls, etc., etc.  
Consideration of school closures.

#### RECOMMENDATION:

I advise that an Emergency Committee be formed from the Health Committee with power to invite the co-operation of the necessary people—and to draw up the necessary scheme to be put into effect should an epidemic of Influenza arise.

The Sittingbourne, Milton Regis, and Milton Rural decided to form a Joint Emergency Committee. Queenborough and Sheerness also each decided to form an Emergency Committee.

The following instructions were inserted as a public notice in the local Press, viz., the *East Kent Gazette* and the *Sheerness Guardian*.

Leaflets also were printed and held by the Health Department ready for distribution throughout the district, should Influenza return to our country in epidemic form:—

North-East Kent Joint Districts.

#### INFLUENZA.

Influenza is a highly infectious and dangerous disease. It chiefly affects the respiratory organs (nose, throat, and lungs) although other organs may be involved. It is contracted mainly in one way, namely, by inhaling the secretion from the nose, throat, and lungs of an affected person. This infectious secretion is sprayed into the air by the sneezing and coughing of persons suffering with the disease. It is most infectious in this early stage.



The infection therefore exists as germ-laden droplets of moisture in the atmosphere surrounding a sufferer. In the presence of an epidemic every person will be exposed to the infection, and practically everyone will be infected to a greater or less extent. Whether the attack of the disease will be restricted to a slight catarrh of the nose and throat, or whether it will develop into serious lung disease (as pneumonia or pleurisy) depends upon the general health of the individual, and the precautions he takes, both before the infection and afterwards.

The after effects of Influenza are: serious nervous breakdowns occur, and often Tuberculosis or Consumption develops upon the damaged lungs.

The following instructions are therefore important, and should not be neglected:—

#### PREVENTION.

Infection may be guarded against by:—

(a) Healthy and Regular Habits, and avoidance of:—

- (1) Fatigue.
- (2) Chill.
- (3) Alcoholic excess.
- (4) Crowded meetings and hot rooms.
- (5) Unnecessary travelling.

(b) Good ventilation in working and sleeping rooms.

(c) Warm clothing.

(d) Gargling from a tumbler of warm water to which has been added enough permanganate of potash (or Condy's crystals) to give the liquid a pink colour.

(e) Your doctor can inject a vaccine which will lessen the risks of your having the disease severely if attacked.

(f) Always use a handkerchief when sneezing or coughing.

#### CURE.

(a) At the first feeling of illness or immediately on a rise of temperature the patient should leave work, go home and go to bed; he should keep warm, and should send for the doctor. Keep in bed till all fever has gone.

(b) On convalescence, the patient should avoid meeting-places and places of entertainment for at least one week after his temperature has become normal.

(c) Recovery should be fully established before return to work.

## WHEN NURSING INFLUENZA.

- (a) The patient, should, if possible, occupy a separate bedroom or a bed screened off from the rest of the room. This rule should be observed until the temperature is normal.
- (b) The patient should be kept warm.
- (c) All curtains and other articles which prevent a free circulation of the air about the patient's bed should, as far as possible, be removed.
- (d) Inhalation of the patient's breath should be avoided.
- (e) A handkerchief or other screen should be held before the mouth, and the head should be turned aside while the patient is coughing or sneezing.
- (f) The hands should be washed at once after contact with the patient.

If you want the help of a Nurse, or if the Mother is ill and help is wanted for the home, send to the Medical Officer of Health or Health Visitor, who may be able to help you.

## MATERNITY & CHILD WELFARE IN SITTINGBOURNE, MILTON REGIS, AND MILTON RURAL DISTRICTS.

Under the Maternity and Child Welfare Act of 1918, the three Councils of Sittingbourne Urban District, Milton Regis Urban District, and Milton Rural District, decided to form a joint Committee. It met for the first time in July, 1919, and consisted of the representatives of those Councils upon the Joint Hospital Board, together with certain ladies. A Baby Show was held for the district in August, at which there were 120 entries. Doctors Henderson, McAnally, and Webster kindly acted as judges. The show was a decided success. In June a branch centre was established at Murston, so that the joint district is now served with a main centre at Chalkwell, which provides for the urban districts of Milton Regis and Sittingbourne and a few rural parishes, branch centres at Rainham and at Murston, so that the whole district is now well provided for. The main centre is open two afternoons each week, and the branch centres fortnightly. In addition, infant consultations are held every morning for special cases at Chalkwell.

Maternity or ante-natal work is not arranged for yet.

A Day Nursery is provided in Albany Road, Sittingbourne, for the joint urban districts. This, however, is not yet managed by the Infant Welfare Committee, and so its work is not properly co-ordinated to that of the Infant Welfare Centres. Proposals have been made to remedy this. The Nursery, as a

part of the Child Welfare work of the districts, must come under the Statutory Committee. In addition to ordinary medicinal remedies, milk (both dried and fresh) is supplied free in necessitous cases to expectant mothers and infants. For the past three years dried milk and Virol have been supplied, and more recently sugar and coal. The Health Visitor is grateful for the assistance of certain voluntary helpers, without whom the work could not have been so successful. The following requirements have been recommended in reports by me during the year, but no action has yet been taken:—

1. Better accommodation at the Centre at Chalkwell.
2. Shelter provision for perambulators at the Chalkwell Centre.
3. The establishment of an Ante-Natal or Maternity Centre at Chalkwell.
4. The services of a practitioner or practitioners to act as Medical Officer of the three Centres for Maternity and Infant work, the Medical Officer of Health to continue to act as supervisor.
5. The appointment of a Managing Committee to each Centre as a Sub-Committee of the Joint Statutory Committee to take a more intimate interest in the work of each Centre.
6. The provision of a Maternity Home or Lying-in Ward for difficult labour or for cases with unsuitable homes.
7. The conversion of the Day Nursery (not very much required as such now) into a Day or Night or Resident Nursery, to admit ailing babies sent from the Infant Welfare Centres. This does not include babies who are ill, but only those ailing usually from wrong feeding or bad home conditions.



# STATISTICS OF MATERNITY AND CHILD WELFARE WORK DURING 1919.

Births Registered	Sitting- bourne	Milton Regis	Milton Rural
<i>Births</i> Notified .....	181	156	277
Legitimate .....	167	145	263
Illegitimate .....	14	11	14
Notified by a Doctor .....	22	33	108
,,     ,,     Midwife .....	159	123	169
<i>Deaths</i> under one year .....	11	7	14
Legitimate .....	6	6	14
Illegitimate .....	5	1	nil
<i>Mothers</i> dying in Child Birth .....	1	1	5
Cases of Ophthalmia Neonatorum .....	6	2	2
All were visited—of Sittingbourne cases one was sent to the Eye Hospital and one to the Infirmary			
Midwives practising :—			
Trained .....	1	1	1
Untrained .....	—	1	—
Unregistered .....	—	—	1
Measles Notified .....	7	3	11
Visited .....	4	4	7
Whooping Cough .....	8	6	5
Summer Diarrhoea .....	nil	nil	1
Puerperal Fever .....	nil	nil	nil
<i>Visits by Health Visitor</i> :—			
Before Birth .....	38	20	23
After Birth—first Visits .....	176	165	270
Ditto—    revisits .....	270	299	300
To Children—one to five years .....	259	160	160
<i>Welcome Attendances</i> :—	At Chalkwell	At Rainham and Murston	
Mothers .....	2,312	554	
Babies .....	2,739	626	
Names on Registers in three district centres during year :—			
Mothers .....	280		
Babies .....	376		

## DEATHS OF MOTHERS IN CHILD BIRTH.

District	Address	Cause of Death
Sittingbourne .	Pembury Street	Pulmonary Tuberculosis, 12 days after confinement
Milton Regis	Infirmary ....	Eclampsia, four days after confinement
Milton Rural .	Dean's Hill....	Acute Bronchitis, two days after confinement
Ditto     ..	Newington ....	Acute Tuberculosis, four days after confinement
Ditto     ..	Borden.....	half-hour after confinement
Ditto     ..	Rainham .....	Eclampsia, four hours after confinement
Ditto     ..	Bapchild .....	Hemorrhage, four hours after confinement

## KEYCOL HILL ISOLATION HOSPITAL AND SANATORIUM.

This Institution, belonging to the districts of Sittingbourne, Milton Regis, and Milton Rural, also receives the infectious cases from Sheerness and Queenborough by agreement.

The work done at this Hospital is shown by the following table.

The Tuberculosis cases are mainly those sent by the Kent County Council from all parts of the county, under an agreement by which this Hospital Board retains 40 beds for this purpose.

### ADMISSIONS TO HOSPITALS.

	1914	1915	1916	1917	1918	1919
Scarlet Fever .....	204	121	93	41	42	102
Diphtheria .....	100	216	172	114	67	86
Enteric .....	24	27	26	9	9	8
Tuberculosis .....	143	156	150	151	151	143
Cerebro-Spinal Fever.	2	5	9	1	2	2
Mumps .....	..	..	..	..	4	4
	473	525	366	343	275	343

During the year the following recommendations have been submitted by me to the Board:—

**MOTOR AMBULANCE.**—So long as cases are received from Sheerness and Queenborough (10-11 miles), the delay in transit by the present horse ambulance demands consideration.

#### SANATORIUM.

**TREATMENT OF CHILDREN.**—My proposal to provide a Children's Ward for this disease was considered by the Hospital Board on May 30th, 1919, but the matter was referred to the Kent County Council, and nothing has been done. This question is referred to in another part of this report.

**STERILISATION OF SPUTUM.**—The present arrangements for this were reported upon by me to the Board in August, 1919, as being defective. The recommendations were adopted, but work not commenced in February, 1920.

**THE SANATORIUM BLOCK.**—In October, 1919, I reported as follows upon the requirements of this block. No action has been taken.

(A) I recommend the Board to approach the Ministry of Health and the County Council, and to submit that the building erected for the treatment of Tuberculosis needs amending in the following particulars:—

(1) No Recreation Room has been provided for Males or Females, and they have no suitable place other than the small



Dining Room, wherein patients who are up for any portion of the day can read, write, play indoor games, or otherwise relieve the monotony of their lives. The absence of these facilities produces discontent. This provision is very desirable, especially in the winter, and should be provided, both for Males and Females.

(2) A large percentage of the cases admitted are in a very advanced stage of the disease. For such patients the absence of warmth and comfort suitable for their condition, particularly in the winter months, is militating against one of the main objects of this Institution, viz., that patients in an highly infective state shall stay in the Institution in preference to returning to their homes, where the disease may be spread.

A special block for such cases is required, where they would be less exposed to the weather, and where the comforts and nursing facilities similar to that of a medical ward of a general hospital could be provided, so as to render the Institution more attractive to such patients.

(B).—READING BOOKS.—A small Library is required for these patients. There are about 50 patients constantly there who depend upon reading to relieve the monotony of their enforced sedentary life. About 200 books are required, and a suitable cupboard. I would ask the Board to consider what can be done.

Whatever may be the cause the fact remains that the Hospital Board have lost their personal interest and enthusiasm for the work of the Sanatorium. It is suggested that the County Council have been unduly harsh in the financial adjustments to the contract necessitated by the rise in the cost of feeding and treating their patients, and this may be a cause. However, I regret this lack of interest as the Institution is liable to suffer in efficiency in consequence of it.

## JOINT COTTAGE HOSPITAL FOR SHEPPEY.

The long-felt need of hospital accommodation for the Isle of Sheppey is about to be met. During 1919 the Cottage Hospital Committee made representations to each of the three Health Authorities of the Island—Sheerness Urban District Council, Queenborough Town Council, and the Sheppey Rural District Council—urging them to support the project of a rate-aided Hospital for the Island. A conference of the three authorities was held on June 19th, at which the Cottage Hospital Committee submitted details of the information collected as to the estimated initial and maintenance charges which would be involved. The conference resolved that in the event of the Sheerness Urban District Council accepting the principle that a rate-supported Hospital should be provided, the necessary

steps be taken to obtain the sanction of the Local Government Board to the formation of a Joint Hospital Board for the Isle of Sheppey. It was then stated that the Councils of the Rural District and of Queenborough were in favour of this principle. It was estimated that an expenditure of approximately £1,600 a year would be required, and that a rate of 4d. in the £ would meet all requirements. It was anticipated that by co-operation with the Insurance Commissioners in respect to insured persons, with the County Council in respect to surgical Tuberculosis, and Venereal Disease, and with the Maternity and Child Welfare Committees of the Island in respect to a Lying-in Ward, it was probable that a proportion of the cost of these cases would be refunded to the Hospital Board in the shape of grants. It was unanimously agreed that the distance of 16 miles to the nearest hospital placed the sick of the Island in an unbearably crude position. It was also agreed that the maintenance of such a Hospital on a voluntary basis was hopeless.

Early in August a second conference was called, at which the basis of contribution of the three Authorities was discussed, whether on rateable value or population, etc. It was agreed to recommend to each Council that an application be submitted to the Ministry of Health from each of the Councils in the same towns, asking for a Provisional Order to be made for the three Authorities to establish a Joint Hospital Board in Sheppey. This was subsequently agreed to and carried out by each of the Councils, and the districts now await the necessary action by the Ministry of Health.

### MUNICIPAL COTTAGE HOSPITAL FOR SHEPPEY.

The following is a summary of the recommendations I have made in this matter :—

1.—Its need is admitted owing to the long distances (15 miles) to nearest hospitals and difficulty of getting there.

2.—It should be maintained out of the rates, as this is the only guarantee of its efficiency being maintained. Also it is a Public Health matter.

3.—The first step should be the formation of a Joint Hospital Board for Sheppey, and the submission of a scheme for a Municipal Hospital for Sheppey to the Ministry of Health, which is now the Authority responsible for efficient Hospital services throughout the country.

4.—The scheme should be submitted *soon* in order that the urgent case of Sheppey may receive the sympathetic consideration of the various Authorities responsible for Hospital accommodation before less urgent districts get their schemes in.



5.—The Ministry of Health should be requested to communicate, on behalf of the Joint Hospital Board, with the various Authorities who might require Hospital beds in the proposed Municipal Hospital. These are:—

- (1) Insurance Commissioners (a part of the Ministry of Health) in respect to insured persons and their dependants.
- (2) Insurance Commissioners and Kent County Council in respect of cases of Tuberculosis (surgical and others).
- (3) Health Authorities of Sheppey (Sheerness Urban, Sheppey Rural, and Queenborough Town Councils) in respect of beds for maternity cases and for infants under their Infant and Maternity schemes.
- (4) Kent County Council in respect of beds and clinic for Venereal Disease.

6.—The decisions as to site, size of Hospital, medical staff for it, arrangements, if any, for paying patients. Representations of various bodies upon the Joint Hospital Board. Arrangements for various clinics or out-patients' departments, and for consultant services there, etc., should all be left for later consideration, when fuller details as to the co-operation of various public bodies and their conditions are known.

7.—The decision as to how the cost to be borne by the Joint Local Districts from the rates should be apportioned, whether on rateable value, population, or combined rateable value and population basis, or by mutually agreed proportions could be settled now, but it may be distinctly understood that the various services enumerated above which are the responsibility of other Authorities or of Local Authorities drawing grants from the Exchequer (as for Infant and Maternity work), will reduce the cost of the Hospital to the Local Authorities to a very great extent.

8.—I advise that you do not consider an inadequate piecemeal scheme. All these Authorities should be agreed upon the complete scheme, first through the Central Authority, the Ministry of Health, and then we shall have something lasting and worthy of the next 50 years.

9.—A Conference of the Insurance Commissioners and the Medical Profession recently held, upon which the Ministry of Health would be guided, advise the provision of Hospital accommodation by the State by beginning in some districts sooner than others, according to the need, so that it would not be wise to embark on any scheme without the complete co-operation of the Ministry of Health. More help from the State would be forthcoming if their co-operation is assured from the first.

# ANNUAL REPORT

ON THE

## Health & Sanitary Condition

OF THE

### Urban District of Sheerness,

FOR THE YEAR 1919.

# Sheerness Urban District Council.

1919-20.

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*Chairman*—W. J. THWAITES, Esq., J.P.

*Vice-Chairman*—W. N. RULE, Esq., J.P., C.C.

COUNCILLOR J. AUTY.

„ J. BARBER.

„ F. C. J. CORK.

„ Mrs. A. DURANT.

„ E. W. JACOBS.

„ W. H. MASON.

„ W. J. PENNEY, J.P.

„ A. SPEARS, J.P.

„ S. H. THOMSETT.

„ G. WOODTHORPE.

*Clerk to the Council*—VINCENT H. STALLON, Esq.,  
Solicitor.

*Surveyor and Chief Engineer*—Mr. H. R. CRABB,  
A.M.I.C.E., A.R.I.B.A., A.M.I.M.E.

*Sanitary Inspector*—Mr. F. R. GRAY, M.S.I.A., A.I.S.E.

*Disinfector and Mortuary Attendant*—Mr. T. F. GROOM.

*Health Visitor*—Nurse AYLWARD.



# ANNUAL REPORT FOR 1919.

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TO THE SHEERNESS URBAN DISTRICT COUNCIL.

Ladies and Gentlemen,—

I have the honour to submit to you the Annual Report for 1919.

The urgent public health needs of your district are:—

- (1) Water Supply, which is intermittent, insufficient, and liable to contamination.
- (2) Sewerage, which is inadequate and structurally defective.
- (3) Housing—over 200 occupied houses in your district have been represented as unfit for human habitation, and Closing Orders made by the Council; also serious overcrowding exists, and no new houses are being built.
- (4) Hospital provision, which is badly needed.

All these matters are urgent requirements.

I thank you for your support to your Health Department during the year, and trust that the necessary works required to put the district into a secure and satisfactory sanitary state will be proceeded with at the earliest possible moment.

I wish to record my appreciation of the value to the public health of Sheerness of the services of your Sanitary Inspector, who not only takes a broad view of his duties, but is indefatigable in his execution of them. He is one of the best Inspectors I have ever had the pleasure of working with.

I am, your obedient servant,

T. BARRETT HEGGS.

VITAL STATISTICS FOR 1919, COMPARED WITH 1918,  
1917, AND 1916.

	1916	1917	1918	1919
Death Rate (per 1,000 population) . . . . .	13·9	13·3	18·5	—
Infant Mortality (per centage dying under one year) . . . . .	7·6	9·11	10·6	—
Birth Rate (per 1000 population) . . . . .	30·7	21·4	18·3	—
Total Infectious Diseases (excluding Con- sumption and Measles) . . . . .	117	42	43	—
Cases of Typhoid Fever . . . . .	24	8	8	5
Cases of Diphtheria . . . . .	45	16	14	10
Cases of Scarlet Fever . . . . .	31	10	12	12
Cases of Tuberculosis notified (all forms) . .	44	32	30	25
Deaths from Tuberculosis . . . . .	15	26	23	—
Ophthalmia Neonatorum . . . . .	—	3	1	3

A SUMMARY OF THE INFECTIOUS DISEASES DURING  
THE YEAR 1919.

**TYPHOID FEVER.**—Altogether 8 cases were notified, but in 3 the diagnosis was revised, so that 5 true cases occurred. Of those cases 4 were infected outside your district, so that only 1 case was infected in Sheerness during the year (an adult in High Street, Mile Town). This compares favourably with the average of the preceding five years, which was 16 cases notified per annum. In addition 1 case of para-Typhoid Fever was notified from Marine Town.

**DIPHTHERIA.**—Altogether 11 cases were notified, but in 1 the diagnosis was revised, so that 10 true cases occurred. Of these 1 case was imported, and the infection in 2 others (visitors) was possibly obtained outside your district. Of the 9 cases, 1 occurred in West Minster, 3 in Marine Town, and 5 in Mile Town. This compares favourably with the average of the preceding five years, which was 54 cases per annum.

**SCARLET FEVER.**—Altogether 13 cases were notified, but in 1 the diagnosis was revised, so that a total of 12 true cases occurred. Of these 2 were infected outside your district, so that the net number is 10. The 12 cases occurred as follows:—Blue Town 2, Marine Town 5, and Mile Town 5. This compares favourably with the average of the preceding 5 years, which was 48 cases per annum.

**ERYSIPELAS.**—Two cases were notified, as compared with an average of 10 per annum for the past five years.

**TUBERCULOSIS.**—Altogether 27 cases were notified, 22 of Pulmonary Tuberculosis or Consumption, and 5 cases of Tuberculosis in other forms. Of the lung cases 14 were males and 8 females, and the average age of the males was 39 years. and of the females 24 years. Of the disease affecting other parts, all the cases were girls of the average age of 8 years. The figure of the 27 cases compares favourably with the average for the preceding five years, which was 35 cases per annum.

**MEASLES.**—Altogether 32 cases were notified, of which 28 were ordinary Measles and 4 German Measles. This number compares favourably with the preceding 3 years during which Measles have been notifiable, as the average for those three years was 239 cases per annum.

#### CASES OF INFECTIOUS DISEASE NOTIFIED DURING 1919.

Disease	Total Number notified	Districts				Number removed to Hospital
		Marine Town	Mile Town	Blue Town	West Minster	
Diphtheria .....	11	3	7	—	1	10
Erysipelas.....	2	1	1	—	—	—
Scarlet Fever .....	13	5	5	3	—	11
Enteric Fever .....	8	1	6	—	1	5
Opthalmia Neonatorum	3	1	2	—	—	—
Pulmonary Tuberculosis	19	5	8	6	—	—
Other forms of Tuberculosis	6	1	4	1	—	—
Measles .....	28	23	4	1	—	—
German Measles .....	4	2	1	—	1	—
Malaria .....	18	3	11	—	4	—
Pneumonia following Influenza .....	9	8	—	1	—	—
Pneumonia .....	2	1	—	—	1	—
Grand Totals ....	123	54	49	12	8	26

The Patients were removed in each of the above cases of removal to Keycol Hill Isolation Hospital, Sittingbourne.

**MALARIA.**—Altogether 18 cases were notified, of which 8 were ex-soldiers infected abroad, so that 10 cases contracted locally were notified. Of these 2 were relapsing cases infected in the previous year, in 1 other case it is doubtful whether he contracted the infection while abroad years ago or locally recently, so that altogether there were 7 fresh locally infected cases. This is the same number as in 1918, viz., 7. Of these local cases the average age was 19 years, and of the imported cases the average age was 30 years.



KNOWN CASES OF MALARIA IN SHEERNESS.

No.	Initials	Age	Address	Date of Infection	Date of Last Attack	Parasites Found	Remarks
1	M. N.	40	Neptune Terrace.....	June, 1918.....	Sept., 1919....	No	Indigenous
2	E. F.		Bell Alley .....	Sept., 1918....	...	Yes	Indigenous
3	J. G.	37	West Minster .....	June, 1918....	Sept., 1918....	No	} same house
4	K. G.	8	Ditto .....	Sept., 1918....	Oct., 1918....	No	
5	M. H.	47	Ditto .....	Sept., 1918....	July, 1919....	Yes	Indigenous
6	W. H. B.	23	Ditto .....	Aug., 1918....	Sept., 1918....	No	Indigenous
7	M. P.	18	Ditto .....	Oct., 1918....	June, 1919....	No	Indigenous
8	J. C.	41	Berridge Road .....	1918.....	March, 1919 ..	No	Imported
9	A. V. C.	23	High Street .....	1918.....	July, 1919....	Yes	Imported
10	F. H. C.	42	Alexandra Road .....	1918 .....	July, 1919....	Yes	Imported
11	J. P.	36	Richmond Street.....	1914.....	July, 1919....	No	Possibly Imported
12	A. J. L.	24	Albion Place.....	1918.....	June, 1919....	No	Imported
13	S. H.	40	High Street .....	1918.....	Aug., 1919....	No	Imported
14	E. K.	8	Wood Street.....	Aug., 1919....	Oct., 1919....	Yes	} same house
15	W. K.	5	Ditto .....	Aug., 1919....	Sept., 1919....	No	
16	M. T.	42	West Minster .....	Oct., 1918....	Aug., 1919....	No	Indigenous
17	T. P.	28	Harris Road.....	1918 .....	Sept., 1919 ..	No	Imported
18	L. F.	8	Bell Alley .....	Sept., 1919....	Oct., 1919....	No	} both same house as No. 2
19	V. F.	6	Ditto .....	Sept., 1919....	Oct., 1919....	No	
20	L. H.	5	Albion Place.....	July, 1919....	Oct., 1919....	Yes	Indigenous
21	M. T.	10	West Minster .....	Sept., 1919....	Oct., 1919....	Yes	same house as No. 16—Indigenous
22	F. A.	27	Ditto .....	Oct., 1919....	Nov., 1919....	Yes	Daughter of No. 5—Indigenous
23	W. S.	27	Harris Road.....	1918.....	Dec., 1919....	Yes	Imported
24	B.	20	Trinity Road.....	1918 .....	D.c., 1919....	No	Imported

SUMMARY.

Total cases	Imported	Possibly Imported	Total known Indigenous cases	Indigenous infected in 1918	Indigenous infected in 1919
24	8	1	15	8	7

Total known sufferers in 1919 (attack in 1919) 19 { Imported ..... 8  
Old cases relapsed .. 4  
New cases ..... 7

Four of the new local cases occurred in houses where previous cases existed, thus demonstrating the necessity for constant and careful use of the mosquito nets supplied to sufferers, for the rigid exclusion of mosquitoes from these affected houses, and for the adequate, continuous, and persistent treatment by Quinine of all sufferers.



TOTALS OF INFECTIOUS DISEASE NOTIFIED IN THE URBAN DISTRICT OF SHEERNESS,  
FOR THE YEARS 1900 TO 1919 INCLUSIVE.

Years ..	1900	1901	1902	1903	1904	1905	1906	1907	1908	1909	1910	1911	1912	1913	1914	1915	1916	1917	1918	1919
Scarlet Fever ....	14	16	—	21	35	90	32	58	31	51	64	65	41	80	132	56	31	10	12	12
Diphtheria .....	3	16	—	4	17	19	4	2	8	7	11	7	6	10	65	130	45	16	14	10
Typhoid .....	40	25	—	16	23	18	42	7	21	28	15	7	6	4	21	20	24	8	8	5
Small Pox .....	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
C.S. Fever .....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	5	2	1	—	—
Erysipelas .....	—	—	—	—	—	—	—	25	26	29	18	27	23	18	15	15	8	4	7	2
Consumption (all forms)	—	—	—	—	—	—	—	—	—	—	—	22	39	50	34	36	44	32	30	25
Acute Poliomyelitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4	1	—	1	—
Puerperal Fever ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	2	2	—	—	—

October, 1911—Removal of cases to Keycol Hospital commenced.

## DEATHS UNDER ONE YEAR OF AGE.

Date	Sex	Area	Age	Cause
20-1-19	F.	Marine Town	15 minutes	Premature Birth
23-1-19	M.	Blue Town ..	7 days .	Congenital Debility
4-2-19	M.	Marine Town	1 month .	Congenital Debility
12-2-19	F.	Mile Town ..	3 days ..	Congenital Heart Disease
15-2-19	M.	Mile Town ..	11 days ..	Congenital Debility
17-2-19	F.	Blue Town ..	45 minutes	Cyanosis (Heart Disease)
17-2-19	F.	Marine Town	10 months	Broncho-Pneumonia
17-3-19	M.	Blue Town .	6 months	Broncho-Pneumonia
18-3-19	F.	Mile Town ..	2 months	Congenital Debility
19-3-19	F.	Mile Town ..	1 hour ..	Shock from Exposure
14-4-19	F.	Blue Town ..	22 minutes	Infective Enteritis or Diarrhœa
15-4-19	M.	Marine Town	28 hours ..	Congenital Debility
22-4-19	F.	Mile Town ..	13 minutes	Convulsions
25-4-19	M.	Blue Town ..	3 days .	Atelectasis
26-4-19	F.	Mile Town ..	6 months	Broncho-Pneumonia
4-5-19	M.	Marine Town	1 month ..	Congenital Debility
16-6-19	M.	Marine Town	4 months	Operation
8-7-19	F.	Mile Town ..	8 months	Infantile Convulsions
23-7-19	M.	Mile Town .	22 days ..	Congenital Debility
20-9-19	F.	Mile Town ..	11 months	Whooping Cough and Diarrhœa
26-9-19	F.	Mile Town .	5 months	Broncho-Pneumonia
26-10-19	M.	Mile Town ..	12 minutes	Bronchitis
27-10-19	F.	Blue Town ..	6 minutes	Congenital Debility
1-11-19	M.	Mile Town .	16 days .	Congenital Debility
9-12-19	M.	Marine Town	3 days ..	Premature Birth
24-12-19	M.	Blue Town ..	2 months	Broncho-Pneumonia

Also three others, whose deaths were registered outside your district. It will be seen that nearly one-half of them did not live one week. The Maternity Home and Ante-Natal Centre work should greatly reduce this unnecessary loss of life

NOTIFICATIONS OF COMMUNICABLE DISEASES  
RECEIVED FROM SHEERNESS SCHOOLS DURING 1919.

	Measles	Chicken Pox	Whooping Cough	Mumps	Ringworm	Skin Disease	Influenza
January .....	-	4	-	91	2	6	-
February .....	2	1	-	21	-	-	-
March .....	-	-	1	45	1	1	23
April .....	-	1	-	12	-	1	1
May .....	-	-	-	4	-	-	-
June .....	-	-	-	-	-	-	-
July .....	-	-	-	-	-	-	-
August .....	-	-	5	-	1	2	-
September .....	-	-	-	-	-	-	-
October .....	-	-	4	-	1	2	-
November .....	-	16	19	-	-	2	-
December .....	1	5	3	1	-	-	-
Totals .....	3	27	32	174	5	14	24

I gladly acknowledge the co-operation of many of the Head Teachers in this notification of communicable diseases to the Health Department. Upon receipt of this information we supply the parent with printed instructions for the treatment of the disease to prevent its spread, also the Health Visitor is informed in certain cases and she visits the home and gives advice. The cases also are notified to the School Nurse, who has certain duties in these matters. The effect, therefore, is not only to help the child and to prevent the spread of disease, but also to get children back to school as soon as possible. It is, therefore, in the interests of the Head Teachers to notify. I trust, therefore, that the reluctance to notify displayed in some cases will entirely disappear. It will be noted that no school is mentioned by name in this report, so that the notifications are not used to advertise any school's misfortune in having cases of communicable disease.

### VITAL STATISTICS.

POPULATION.—The population is estimated by the Registrar-General to the middle of 1919 to be 15,976, exclusive of the Naval shore population and the Garrison, but including non-civilians enlisted from the district whether serving at home or abroad. This population is used for Birth Rate calculations. For Death Rate calculations all non-civilians are excluded, and this is estimated to be 15,336.

**BIRTHS.**—During 1919 there were 356 births registered compared with 293 in 1918, 362 in 1917, 511 in 1916, and 418 in 1915. Of the 356 births 17 were illegitimate. The Birth Rate per 1,000 population is 22.2, compared with 18.3 in 1918. The Birth Rate for England and Wales is 18.5.

DEATHS.—During 1919 there were 198 deaths, as compared with 264 in 1918, 226 in 1917, and 231 in 1916. The Death Rate is 12.9, as compared with 18.5 in 1918. The Death Rate for England and Wales is 13.8.

CAUSES OF DEATH REGISTERED IN 1919.

[illegible]



INFANT MORTALITY.—During 1919 there were 28 infants who died under one year of age, of which 4 were illegitimate. In 1918 there were 31. The Infant Mortality Rate is 78.6 per 1,000 births, as compared with 106 in 1918, 91 in 1917, 76 in 1916, 154 in 1915, 160 in 1914, and 58 in 1913.

### ISOLATION HOSPITAL ACCOMMODATION.

The Urban District Council in October, 1911, entered into an agreement with the Sittingbourne and Milton Joint Hospital Board, for the isolation of their cases of infectious disease at Keycol Hill Hospital, for a period of three years. The agreement terminated on the 30th September, 1914, but was renewed from the 1st of October, 1914, for a period of seven years.

The agreement was extended to include the isolation of Small-pox patients, from the 8th of January, 1915.

Cases Isolated at Keycol were as follows:—

	1913	1914	1915	1916	1917	1918	1919
Scarlet Fever	76	126	50	29	6	12	11
Diphtheria ..	10	64	113	40	14	13	10
Typhoid Fever	4	16	16	17	8	8	5
Totals....	90	206	179	86	28	33	26

The cases are moved by horse ambulance to Keycol Hospital, which is about 11 miles from Sheerness. This long journey is not satisfactory for severe cases, particularly of Typhoid Fever and Diphtheria. A Joint Isolation Hospital is required in the Isle of Sheppey for the three Authorities—Sheerness, Queenborough, and Sheppey Rural. A three-block hospital of about 30 to 40 beds would be required.

### MATERNITY AND CHILD WELFARE.

By the Maternity and Child Welfare Act of 1918, every Council exercising powers under the Act (which includes all the Councils of North-East Kent Joint Districts) was compelled to establish a Maternity and Child Welfare Committee, and all matters relating to the powers of the Councils in respect of this work (except raising a rate or borrowing money) shall stand referred to such Committee, and the Councils (unless the matter is urgent), shall not exercise any such powers without receiving and considering the report of the Maternity and Child Welfare Committee on the matter. The Council may delegate its powers to the Committee with or without conditions as they think fit.

During 1919 Sheerness Urban District Council formed a Statutory Maternity and Child Welfare Committee from the Health Committee, with the addition of certain ladies co-opted.

Various reports upon Maternity and Child Welfare have been considered. It has been decided to procure more commodious accommodation for this work and also to establish an Ante-Natal or Maternity Centre and a Lying-in Ward, of possibly four beds.

Arrangements are being made to co-operate with the Lethbridge Nursing Society for the services of a married midwife to attend necessitous women in confinement. A second municipal nurse will be required as Nurse Aylward, the very popular and highly successful Health Visitor, is so busy with Mothers' Welcome and Infant Consultation work that she is unable to carry out the important home visiting portion of her work, and certainly cannot undertake the Ante-Natal Centre or Maternity work. This will be considered in connection with the proposed extensions of the work.

A Medical Officer for this work has not been appointed. The Medical Officer of Health acts as administrative supervisor. The appointment of a whole-time Medical Officer of Health for the Isle of Sheppey alone is now engaging the attention of the Sheppey Authorities, and the Medical Officership of the Centres is bound up with this question.

Great progress is to be recorded in this work during the year. Weekly Lantern Lectures and Baby Shows and Mothers' Teas have been organised. The Welcome meets three days a week and special consultations in the mornings. An enthusiastic band of voluntary helpers (headed by Councillor Mrs. Durant) have rallied to the assistance of the Health Visitor, and very valuable work is being done.

Milk, dried and fresh, is provided for necessitous mothers and infants. Dried milk and Virol are sold. Garment making classes are held in addition to the routine lecturing and baby weighing of the Welcome.

The following figures give some indication of the work done in 1919:—

Births Registered	Legitimate	Illegitimate	Total
Births Notified ..	Legitimate.. 252	Illegitimate . . . . . 7	259
Still Births .. 6	Breast Fed.. 221	Artificial Feeding..38	

Of the 38 artificial fed, 19 were on Glaxo, 9 on cow's milk, and barley water, 6 on Nestle's milk, and 4 on Allenbury's Food. All bottles used were of correct pattern.



Births attended by doctors, 129; by midwives, 127.

Of the 259 children, 136 were males and 123 females.

INFANT DEATHS.—25 died under 1 year of age, of which 7 lived in Blue Town, 6 in Marine Town, and 12 in Mile Town. Of the 25 deaths, 12 were suffering with congenital weakness, that is, were born defective, and 11 died within 7 days of birth, 6 died of lung diseases, and only 1 from Diarrhœa. These deaths show the need for our Ante-Natal and Maternity work.

WORK OF HEALTH VISITOR.—First visits made, 252; re-visits, 157. Total, 409 visits, and in addition 342 house-to-house visits were paid, and also 103 visits to cases of infectious disease, viz., 38 to Measles, 62 to Whooping Cough, and 3 to Ophthalmia Neonatorum. Total visits, 854.

WORK AT MOTHERS' WELCOME AND INFANT CENTRE.—2,093 attendances of mothers and 1,905 of children. 835 babies weighed. 237 garments made by mothers, and 37 woollies. The year ended with a successful Christmas party at which 130 mothers and 257 children were present. The year has been a record one for this work in Sheerness, and reflects the greatest credit on Nurse Aylward and the Maternity and Child Welfare Committee.

## GENERAL SANITARY CIRCUMSTANCES.

Sheerness occupies the north-west corner of the Isle of Sheppey, and has an area of 864 acres. The whole of the district is flat, and is below high water level. The rateable value is £77,844, and a rate of 1d. in the £ produces about £324.

HOUSING CONDITIONS.—At the 1911 Census the average number of persons per house was 5.68. Serious cases of overcrowding are frequently met with. A great many houses are occupied by more than one family. Houses in the older part of the town (Blue Town and Mile Town) have very little open space about them. The houses in Blue Town particularly are close packed, over 430 dwellings on just over 8 acres of land. This is the poorer part of the town. There are many two-roomed tenements in Blue Town, and the property is often found dilapidated and insanitary. The housing inspection of the town is complete, and records are kept of every house, while a more complete and detailed housing survey of the structural conditions, size of rooms, plans of drainage, etc., of every house in the district is now well in hand. Together with these particulars a complete Infectious Disease history of each house is being made.



## HOUSING, TOWN PLANNING, ETC., ACTS, 1909 to 1919.

Number of houses inspected during the year .....	672
Number of houses represented as unfit for human habitation under Section 17 .....	227
Number of Closing Orders made by Local Authority ....	227
Number of Closing Orders determined by Local Authority .....	1
Demolition Orders made by Local Authority .....	5
Number of Closing Orders remaining in operation on the 31st December, 1919 .....	230

## THE HOUSING AND TOWN PLANNING ACT, 1919.

The first Housing Survey of the Urban District insisted upon under the regulations of the above Act, was forwarded to the Housing Commissioner by the stipulated date, viz, the 31st of October, 1919.

The following is a resumé of the queries and replies made in the above return:—

1. STAPLE INDUSTRY OF DISTRICT.—Artizan, work in connection with H.M. Dockyard.

2. Any anticipated industrial development:—Any serious reduction in H.M. Dockyard would have to be taken into consideration in deciding the needs of the district.

3. POPULATION.—

Pre-War Population (1914) estimated by Medical Officer of Health .....	19,000
Average Population for the 5 years before the War ...	18,050
Estimated present Population (October, 1919) .....	17,860
No. of dwelling-houses in the district .....	3,794
No. of working-class houses of the type under-mentioned .....	3,790
Average number of working-class houses built annually during the 5 years before the War .....	74
No. of working-class houses built between 1/1/15 and the 31/12/18 .....	50

4. RENTS.—

Type of House	No.	Rent
House, with living room, scullery, and two bedrooms..	110	4/3
Living room, scullery, and three bedrooms .....	24	5/-
Parlour, living room, scullery, and two bedrooms ....	628	6/3
Parlour, living room, scullery, and three bedrooms ..	2,813	9/- to 12/0
Parlour, living room, scullery, and four bedrooms....	192	12/-
Other working-class dwellings .....	23	3/- to 4/3

## 5. ESTIMATE OF HOUSING NEEDS.—

Working-class houses required during the next 3 years:—

(1) To meet unsatisfied demand for houses .....	150
(2) To re-house persons displaced by the clearance of unhealthy areas .....	50
(3) Replace dwellings unfit for human habitation .....	150
(4) To replace other houses, which, although they at pre- sent cannot be regarded as unfit, yet fall below a reasonable standard .....	30
Total .....	380

## 6. Areas which are amendable under Part I. or Part II. of the Act of 1890, as UNHEALTHY AREAS.

- (a) The portion of Blue Town bounded on the NORTH SIDE by High Street, extending from Nos. 11 to 32 inclusive. On the SOUTH SIDE by the boundary wall of Well Marsh. On the EAST SIDE by a line drawn from High Street to the Well Marsh boundary wall, and including No. 11, High Street, No. 4, Shrubsole Cottage, No. 43, East Lane, and No. 34, East Lane. On the WEST SIDE by a line drawn adjacent and west of No. 32, High Street, to Charles Street, including Nos. 35 to 27, thence along Sheppey Street, including Nos. 4 to 28, to the Well Marsh boundary wall.

Approximate acreage.—Rather less than three acres.

Number of houses.—121.

Approximate population.—320.

## BRIEF PARTICULARS OF CONDITIONS WHICH MAKE THE AREA UNHEALTHY:—

- (1) That out of 121 dwelling-houses there are 67 unfit for human habitation.
- (2) That the narrowness, closeness, bad arrangement of the houses within the area, and the want of light, air, and ventilation are injurious to the health of the inhabitants.
- (3) Of dwelling-houses alone there are over 40 to the acre.
- (4) Of the 121 dwelling-houses, less than 20 have garden space attached to the house.
- (b) The portion of Blue Town bounded on the NORTH SIDE by High Street, extending from No. 50, to Court House. On the WEST SIDE, from Nos. 1 to 25, West Street inclusive. On the SOUTH SIDE by Railway Road. On the EAST SIDE by the West Side of Chapel Street.
- Approximate acreage.— $5\frac{1}{2}$  acres.
- Number of houses.—170.
- Approximate population.—510.

BRIEF PARTICULARS OF CONDITIONS WHICH MAKE THE AREA UNHEALTHY:—

- (1) That out of 170 dwelling-houses there are 36 unfit for human habitation.
- (2) That the narrowness, closeness, and bad arrangement of the houses within the area, and the want of light and ventilation are injurious to the health of the inhabitants.
- (3) Of dwelling-houses alone there are 30.9 to the acre.
- (4) Within the area the widest street is 25 feet.

7. PROPOSED ACTION.—

What immediate action is contemplated by the Local Authority with regard to—

- (a) Houses which are not and cannot be made fit for human habitation.—Closing Orders have been made, but further action is deferred for the immediate present.
- (b) Houses which are seriously defective, but can be made habitable.—Official notices have been served, and they are being made fit for human habitation as labour conditions and shortage of material allow. Owing to the large number of houses involved an high standard of fitness cannot be insisted upon, and many of the houses in respect to which Closing Orders will have been withdrawn, will have had executed repairs of a temporary nature only.
- (c) Within what time is it contemplated that conditions will be such as to warrant the demolition of the houses which are not and cannot be made fit for human habitation.—Two years.

LIST OF HOUSES DEALT WITH UNDER SECTIONS 17 AND 18 OF THE HOUSING AND TOWN PLANNING ACT, 1919, DURING THE YEAR ENDING DECEMBER, 1919.—

CLOSING ORDERS MADE.—

MILE TOWN—Total 122.

Bell Alley—Nos. 35, 41, 43, 28, 30, 19, 21, 23, 25, 27, & 45.

Broad Street—No. 4.

Chapel Square—Nos. 1, 2, 3, and 4.

House Rear of Beach House.

Court's Buildings—Nos. 1, 2, 3, 4, 5, 6, 7, and 8.

High Street Passage—Nos. 1, 9, and 10.

High Street—Nos. 113, 167, 169, and 226.

Hotel Passage—1, 2, 3, and 4.

Hope Street—Nos. 19, 19a, 19b, 21, 21a, 21b, 40a, 42a, 53, 55, 57, 59, and 79.

Invicta Road—Nos. 181 and 183.

North Passage—Nos. 1 and 1a.

North Street Passage—No. 3.

Rose Street—Nos. 6, 8, 9, 11, 13, 15, 17, 58, 60, 53, 55, 71, 73.



Russell Street—Nos. 20a, 58, 79, 79a, 79b, 81, 81a, 81b, 83, 85, 89b, 100, and 102a.

Railway Road—Nos. 16, 24, and 25.

Spring Garden Passage—Nos. 20, 20a, 21, 21a, 30a.

Short Street—No. 30.

Shakespeare's Court—Nos. 1, 2, and 3.

Trinity Place—Nos. 1, 2, 3, 4, 5, 6, 7, 8, 9, and 10.

Victory Street—Nos. 12, 14, 16, 18a, 18, 20, 20a, 19, 34, and 36.

Wood Street—Nos. 12, 12a, 14, 14a, 16, 16a, 16b, 16c, back of No. 18, and No. 23.

BLUE TOWN—Total 105.

Bethel Passage—Nos. 1, 3, 5, 7, 4, 6, 16, and 18.

Bentham Square—Nos. 1, 1a, 2, 3, 3a, 4, 4a, 5, and 6.

Chapel Street—Nos. 32, 49, and 51.

Charles Street—Nos. 6, 10, 12, and 27.

East Lane—Nos. 2, 8, 10, 12, 14, 18, 20, 22, 24, 26, 28, 30, 32, 34, and 42. Nos. 15, 17, 19, 21, 31, 33, 35, 37, and 39.

Edward Street—Nos. 1, 2, 4, 5, 6, 7, and 8.

King Street—Nos. 4, 6, 11, 26, 28, 30, 25, 29, 31, 33, 32, 37, and 43.

High Street—Nos. 31 and 32.

Kent Street—Nos. 1, 4, 9, 5, 6, and 6a.

Shrubsole's Cottages—Nos. 1, 2, 3, and 4.

Sheppey Street—Nos. 14, 14a, 24, 26, 28, 8, 10, 12, and 12a.

Short Street—Nos. 2, 4, 6, 7, and 8.

School Lane—Nos. 1 and 2.

Union Street—Nos. 19, 24, 26, 28, and 30.

West Lane—No. 5.

West Passage—No. 8.

West Street—No. 38.

CLOSING ORDERS DETERMINED.—

No. 22a, Bell Alley.

DEMOLITION ORDERS MADE.—

Nos. 1, 2, and 3, High Street Passage, or Houses back of No. 38, Rose Street.

No. 260, High Street.

No. 18, Sheppey Street.

## HOUSING, TOWN PLANNING, ETC., ACT, 1909.

### MEMORANDUM ON THE REPAIR OF HOUSES CONDEMNED AS UNFIT FOR HABITATION.

(Approved by the Sheerness Health Committee.)

Particulars of work required to be executed in order to render Dwelling-houses fit for Habitation after Closing Orders have been made.

**ROOFS.**—All roofs to be made thoroughly sound and weather-proof; gutters and spouting to be put in perfect order and renewed if necessary.

**WALLS.**—Walls to be thoroughly repaired and made sound. Perished brickwork to be made good. Repointing to be done where necessary. Bulged portions to be taken out and rebuilt. Where a wooden house is closed it must be rebuilt in brick.

**DAMPNESS.**—A damp-proof course to be provided to all damp walls, at or about the ground level, of approved material. The walls not to be repapered (they may be colour-washed) until they are in a dry condition.

**VENTILATION UNDER FLOORS.**—Ventilation bricks to be provided beneath all wooden floors where practicable.

**PLASTER.**—All old, defective, and wet plaster on walls to be hacked off, and the whole surface re-plastered with good cement plaster.

**CEILINGS.**—Ceilings to be repaired and made thoroughly sound.

**FLOORS.**—All floors to be made sound and even; all perished brick to be replaced, and where necessary the whole floor to be relaid. Wooden floors and cement floors to be made sound and repaired where necessary.

**LIGHT AND VENTILATION.**—Every room in the house to be properly lighted and ventilated; where necessary new windows to be provided or existing windows to be enlarged to at least 1/10 of the floor area. Where necessary, in order to improve the lighting, the existing windows to be lifted up to the level of the ceilings. Every window to be capable of being opened and fixed open. Broken panes to be replaced, and where necessary sashes to be renewed, and proper window sills provided.

**WOODWORK.**—All woodwork, such as doors, windows, cupboards, skirtings, bannister rails, etc., to be repaired and made thoroughly sound. All hinges and fastenings to be put in good condition and to work properly. Staircases to be thoroughly sound and rebuilt or repaired as may be necessary.

CUPBOARDS AND PANTRY.—Every living-room to be provided with a suitable closed cupboard, and where there is no separate pantry, the cupboard to be ventilated into the open-air and provided with a window and frame at least 24in. by 18in. The cupboard, pantry, or larder should not adjoin any fireplace or chimney flue.

FIREPLACE.—A sound fire-grate of approved construction, comprising both oven and boiler, to be provided in the living-room. All chimneys to be in good working order.

WATER SUPPLY AND SINK.—The water supply service to be brought inside the house, and the tap fixed over a glazed stoneware sink, provided with a 1½in. lead syphon, trapped waste-pipe, the waste-pipe to discharge on to a channel leading to a gully trap in the yard.

PAVING.—The paving outside the house to be made thoroughly sound and relaid where necessary. Where no paving exists sufficient cement concrete paving to be provided. A cement concrete paving to consist of a foundation 4in. thick, of one part cement to five of ballast, with a finished surface consisting of one part cement to two parts of slag.

WATER CLOSETS.—The water closets to be in thorough repair and the roof weather-proof; the water closets to be properly lighted and ventilated, the flushing cistern in good order, and the woodwork and pan sound. (Pans of the long-hopper type prohibited.)

DRAINS & GULLIES.—Drains to be tested and made thoroughly sound, and approved gullies to be provided where necessary.

PAINTING, &c.—All old paint on woodwork, both inside and outside the building, to be burnt off, and re-painted with two coats of paint. All old paper to be removed. Walls to be coloured-washed or repapered.

OUTBUILDINGS.—Where out-buildings exist, these are to be put into thorough repair, and to be limewashed or colour-washed where necessary.

ASHBIN.—A sufficient and suitable galvanised iron receptacle, with a proper lid, to be provided for ashes at each house.

All work will be inspected and approved by the Medical Officer of Health on completion.

Owners are advised before proceeding with repairs to send specification of work proposed to be done to the Medical Officer of Health, Health Department, Council Offices, Sheerness.



## HOUSE ACCOMMODATION FOR THE WORKING-CLASSES.

There are 123 back-to-back cottages in Sheerness, 88 of which are in Mile Town, 31 in Blue Town, and 4 in West Minster. In addition there are 140 cottages with no through ventilation, of which 85 are in Blue Town, 50 in Mile Town, and 4 in West Minster. These houses, by reason of their lack of proper and sufficient ventilation cannot be regarded as satisfactory in however good repair they may be kept.

**STEAM DISINFECTOR.**—During the year disinfection was effected where needed, and a grand total of 486 articles of clothing of every description passed through the disinfector. There was also a total of 28 books of various kinds fumigated in the Council's special fumigating room. I am pleased to state that no complaint of any kind has been received, again demonstrating the efficiency of the machine, and the carefulness of the disinfector attendant.

**SEWERAGE AND DRAINAGE.**—A water carriage system of sewerage serves the whole of the district. Owing, however, to the absence of a continuous water supply, and the expense of storage cisterns, there are still 1,900 houses in Sheerness without flushing cisterns to water closets. There is no treatment of sewage, which is held up in storage tanks and discharged at ebb tide into the Medway. The necessity of dealing with the main drainage of the district and with the sewerage pumping station has been accepted by the Council, who are fully aware of the danger to Public Health which continually threatens the district from the leaking sewers and defective water service pipes.

**WATER SUPPLY.**—The present water supply is on the "Intermittent" principle, and is derived from deep wells. The Council have constructed a storage reservoir on the summit of Southdown Hill, near Halfway Houses, capable of containing 1,000,000 gallons of water, or three days' supply. In addition to the supply of water from the old wells in Trinity Road, the Council hope to supplement the yield by putting into operation the recently sunk deep well at Sheerness East, for which, by reason of the Enteric outbreak in October, 1916, loans have been sanctioned by the Treasury for the purposes of machinery and buildings.

## SEWERAGE, SEWAGE DISPOSAL, &amp; WATER SUPPLY.

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Extract from Surveyor and Chief Engineer's Report, of the  
7th January, 1919.

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Having been instructed by the Health Committee on the 4th instant, to submit to the Council on the 7th instant, the result of my examination and experience of the Sewerage system of the town, I have to point out that it has not been possible to have a systematic survey and examination made under my direction, because no staff has been furnished for the work.

It is only possible, therefore, to give the result of observations that have been made in the course of carrying out the ordinary work of the district.

The Sewerage system of Sheerness may be said to be divided roughly into four areas, viz., Blue Town, Mile Town, Marine Town, and West Minster.

The first three of these deliver into a main sewer situated in the New Road, which, in turn, delivers into tanks at the West Minster Sewage Works, into which also the fourth area delivers separately. From these tanks the sewage, without further treatment is pumped into the sea through a cast-iron outfall sewer.

The district of Sheerness, being practically level and below the high water mark of ordinary tides, the gradients of the sewers are exceedingly flat, the flow of the sewage being correspondingly sluggish, the approximate effective difference in level between the highest point at Cheyney Rock and the average level of the sewage at the outlet of the main sewer being 12 feet in a distance of about 10,000 feet.

Small sewers have been found down to 5in. diameter, one in the Broadway and one in the rear of part of High Street of this diameter repeatedly choking.

In back alleys it has been found that the sewer and water main are laid in approximately the same line, the water main being above the sewer.

Manholes exist in which silt pits are constructed below the sewer, invert for the purpose of trapping the silt, etc., which has to be cleared out periodically.

Iron flushing pipes are run from the sewers to the sea at various points, and the sewers being below high water mark, sea water is run into them at suitable tides.

With regard to the jointing of the sewers it has been found that where openings have been made on the sewer lines the pipes have been found either unjointed or with clay joints only. This would be bad in any case, but it is worse where wrought iron water pipes are found near the sewer and the town's water supply is intermittent.



As already stated, water pipes have been found laid practically over the line of the sewers, and, as shown in my report to the Council, dated 7th December last, dealing with Clyde Street and Unity Street water supply, a case occurred in which the water main was laid about a foot above the sewer, and the wrought iron communication pipe was found to be corroded throughout the thickness of the metal.

The Sewage Tanks have a depth of 15 feet or thereabouts, and the invert of the main sewer is at the floor level. It will be seen, therefore, that having regard to the levels of the sewers the whole of the tank depth cannot be utilised for storage, as in such a case the sewerage system would be flooded.

The practice is to keep the sewage level in the tanks at not more than 3 feet above the floor level. This arrangement necessitates the pumping of the sewage both night and day.

The pumping plant consists of two centrifugal electrically-driven pumps, either of which is capable of dealing with dry weather flow, the two together being only just capable of dealing with the flow due to heavy rain.

The pumping station is a building which has been converted from a steam engine house. The building is cracked in places due to settlement. The pumping room is rather small and the machinery somewhat congested.

The outfall sewer is a 24in. cast-iron pipe into which the common 15in. pump delivery discharges. The outfall pipe is broken at about 100 feet from the sea-end and the broken portion has sunk about 5 inches.

While this report is more or less superficial it will be gathered that a number of defects exist in the system. Among these may be mentioned:—

- (a) The flat gradients of the sewers.
- (b) The existence of open sewer joints.
- (c) The presence of defective water pipes near the sewers or the proximity of the sewers to defective water pipes.
- (d) The unsuitability of tanks.
- (e) The absence of screening and purification plant.
- (f) The unsuitability of the pumping station.
- (g) The non-provision of stand-by pumping machinery.
- (h) The condition of the outfall sewer.
- (i) The existence of silt pits in manholes.

The position of the water mains at the rear of the houses and approximately on the line of the sewer is bad, especially so when wrought iron is used for the communication pipes, as it will be readily understood that with open sewer joints, defective water pipes, flat sewers, and an intermittent water supply, in the event of sewage reaching the water pipes during the time the water is turned off, there is a possibility of its entering the water supply system and being delivered to the houses when the water is again turned on.



In my opinion the existing water service pipes should be taken off mains laid in front of the house, especially so where the present water main is at or near the sewer line. In addition, the service pipes should be of material that will not readily corrode when laid in the subsoil of the district.

Extract from Report of Surveyor and Chief Engineer of  
the 7th December, referred to above.

CLYDE STREET AND UNITY STREET WATER SUPPLY.—In my opinion the cause of the inadequate low pressure supply to this district is the exceedingly defective condition of the distributing pipes. In this particular instance the water main is laid about a foot above the sewer, and the latter having open joints permits the sewage (when the sewer is waterlogged) to reach the wrought iron pipes. These wrought iron pipes rapidly corrode, with the result that sooner or later extensive leakages occur. These leakages are somewhat difficult to locate owing to the fact that the water finds its way into the sewer by way of the open joints above mentioned. Whether corrosion is caused by the sewage, the nature of the subsoil, or both, I am unable to definitely state, but it is to be noted that such corrosion of wrought iron pipes is met with in other parts of the town, and I submit for your inspection such pipes as have been taken out during the past four months.

On May 30th, 1919, the Surveyor reported that the following sewers were in a defective condition, most of them having open joints, viz.: —

- A. Rear of 55, Marine Parade.
- B. Rear of 256, High Street.
- C. Rear of Acorn Street.
- D. Between Invicta Road and Berridge Road.
- E. Regents Place.
- F. Between Cavour Road and High Street.
- G. Between Clyde Street and Unity Street.

He was instructed to

- (1) Take steps to remedy the defects in the reported sewers with as little delay as possible.
- (2) To report defects in other sewers as soon as they are discovered.
- (3) To immediately take in hand the swabbing of the main sewers, if this has not been done recently.

On June 6th, 1919, the Surveyor reported:—

“It is not possible to remedy the defects in the existing sewers. To remedy the present system would necessitate the laying of new sewers. The cost of these would be very considerable, and in the event of its being subsequently decided to proceed with a new sewerage system for the district it is improbable that these sewers could be utilised in the new system, and therefore the cost would not be justified.”

Later, on June 24th, 1919, the Council appointed Mr. Stanton, a Consulting Civil Engineer, to prepare a scheme for the sewerage and sewage disposal of the district:—

## SUMMARY OF REPORT ON THE EXISTING SEWERAGE SCHEME AND PROPOSED NEW WORKS.

Mr. Stanton submitted his Report to the Council, extracts from which are as follows:—

### SUMMARY OF EXISTING CONDITIONS.

From the foregoing and appendices it will be seen that:—

- (a) Owing to flat gradients and insufficient velocities most of the unjointed sewers are foul.
- (b) A very large quantity of sub-soil water enters the sewers and from which it has to be pumped with the sewage proper.
- (c) During times of heavy rains the sewage and storm water surcharge the sewers and thereby cause the general fouling of the sub-soil and result in sewage being forced through the open joints under pressure.
- (d) The discharging capacities of the sewers would be insufficient to carry off the surface water in times of ordinary storms in the event of the effective percentage of the collective impermeable areas exceeding 20 per cent., a percentage which will be considerably exceeded when the carriage ways are generally tarred, the badly formed channels re-laid with proper falls to the gullies, the defective back passage pavements and yards restored, and new passages paved.

In addition to the above, the levels of the existing sewers are such that it is not possible to take any new tributary sewers into them for the full development of the land eastward of Jefferson Road, as far as and including Seager Road; in fact, self-cleansing gradients could scarcely be attained up to the Urban District boundary line.

In the case of the land between Botany Road and the Cutting, self-cleansing gradients could not be afforded beyond an area contained between the High Street and a line parallel thereto, 400 yards to the south-west.

The sewers constructed a few years ago on the Coronation Road Estate had to be laid on very flat gradients, and any extensions from those sewers south-eastward of Coronation Road would have to be laid on still flatter gradients, which would be conducive to insanitary conditions and nuisance.

### SEWERS AND MANHOLES FOUL AND CONTAINING SILT.

N.B.—Unless otherwise stated, all sewers containing silt are foul. Where sewers are very foul they are stated as such.



SEWER OR MANHOLE.	REMARKS.
3ft. by 2ft., and 2ft. 6in. by 1ft. 3in. sewers in New Road, and 2ft. by 1ft. 4in. sewer from outlet of 15in. sewer in Alma Road to the sewer in New Road.	Generally about 3in. or 4in. of silt. (Practically no silt in the vicinity of the manhole at the Crimea Junction B.)
15in. sewer from Richmond Street to Alma Road: — At manhole between Invicta Road and Alexandra Road.	Sewage deep in result of large quantities of silt.
At manhole at west end of passage between Clyde Street & James Street.	Lot of silt. Sewage 18in. deep above invert in dry weather. Very foul.
At manhole in Richmond Street.	Lot of silt. Sewage 16in. deep above invert in dry weather. Very foul.
12in. sewer from Marine Parade to the 15in. sewer above.	Generally about 4in. of silt.
9in. sewer from Urban District boundary to the 12in. sewer above.	A large quantity of silt in most of the manholes. The manhole at the end of the sewer near the U.D. boundary is very foul.
Manhole at junction of Hope Street and Broad Street.	Considerable quantity of silt.
Manhole at B7 in Rose Street.	Very foul.
Manhole in Wood Street.	Silted up and very foul.
1ft. 8in. by 1ft. 2in. in Broad Street.	Some silt and very foul.
Manhole in Broadway, opposite Trinity Church	Considerable quantity of silt.
Manhole in Broadway, opposite Seaview Hotel.	Lot of silt.
12in. sewer in rear of Coastguard Station.	Little silt.
12in. sewer in High Street at manhole.	Lot of silt.
Manhole in Alma Road, opposite Meyrick Road.	Considerable quantity of silt.
Manhole in Alma Road, opposite Fonblanque Road.	Considerable quantity of silt.
Manhole in passage N.W. of Alma Road, at intersection with passage between Newcomen Road and Ranelagh Road. (This manhole is on a new sewer, but it is badly constructed and inaccessible. Should be re-built.)	Choked with silt.



SEWER OR MANHOLE.	47	REMARKS.
Manhole in Meyrick Road in line with passage N.W. of Alma Rd.		Little silt.
9in. sewer in passage between Alma Road & Berridge Road, north of 15in. sewer.		Sewer very foul and contains a lot of silt. Two top manholes nearly choked with silt. Invert in one manhole broken.
Manhole in Berridge Road, between K1 and K2.		Lot of silt.
Manhole at head of passage between Berridge Road and Invicta Road at K1.		Nearly choked with silt.
Manhole in passage between Berridge Road and Invicta Road, between L and K1.		Lot of silt.
Manholes in passage between Invicta Road & Alexandra Road.		Good deal of silt.
9in. sewer in passage between Unity Street and Clyde Street.		Lot of silt and very foul.
Manhole in Richmond Street, south of 15in sewer.		Almost choked with silt and very foul.
9in. sewer in passage between James Street and Alma Street (west side).		Lot of silt. Manhole inverts broken.
9in. sewer in passage between James Street and Alma Street (east side).		Good deal of silt.
Manhole in Marine Parade, opposite Richmond Street.		Manhole choked with hard silt to a level above crown of sewer. This is on the flushing pipe to the Richmond St. sewer. N.B.—This manhole is not foul.
9in. sewer in passage east of Coronation Road.		Little silt in three top manholes.
Manhole at head of old sewer in passage between Unity Street and Coronation Road, at O3.		Lot of silt and very foul.
15in. sewer from Blue Town:—South of Moat.		Lot of silt. Sewage level stands above crown of sewer.
North of Moat.		Considerable quantity of silt.
Manhole at Junction of Chapel Street and Union Street.		Choked with silt and very foul.
9in. and 6in. sewers in King's Head Alley.		Lot of silt in nearly all manholes.
Manhole in Sheppey Street.		Little silt.
Manhole in East Lane at junction with Second Branch Lane.		Lot of silt.

## RECOMMENDATIONS.

As I pointed out in the earlier stages of this report, the portion of the district in which the sewers are in the worst condition lies north-east of Trinity Road, Victoria Street, and Maple Street, i.e., the portion the sewers of which concentrate at a point opposite the Masonic Hall. By a coincidence, this is the only portion of the district where and from which the town can be extended.

I, therefore, recommend that the new works be confined to this portion of the district in the first instance, and that the remainder be left until a time when prices have become reduced and the rateable value of the town has increased.

These important matters, are, therefore, receiving the serious attention of the District Council, and it is hoped that these long overdue sanitary reforms will be completed at an early date.

February 17th, 1920.

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**HOUSE REFUSE.**—The provision of proper sanitary dustbins by the owners of house property is insisted upon, where necessary, by the Council. Collection by the Council carts is made weekly, and the refuse is burnt in a destructor. The destructor, however, is unable to deal with the amount of house refuse collected, and the necessity for its enlargement is well known and recognised by the Council.

**DAIRIES, COWSHEDS, AND MILKSHOPS.**—There is only one set of premises used as a Dairy and Cowshed in your district. Approximately one-third of the town's milk is imported. There are twelve purveyors of milk registered in your district. The prevention of the adulteration of milk is under the supervision of the police in your district. Samples are frequently taken for analysis.

**BAKEHOUSES.**—There are three within your district. The condition was generally found to be satisfactory on inspection.

**FACTORY AND WORKSHOPS ACT, 1901.**—During the year 17 inspections were made of Factories, 59 of Workshops, and 15 of Workplaces. The defects found were generally want of cleanliness, which received immediate attention.

**HOMEWORK.**—No lists of workmen were received during the year.

**REGISTERED WORKSHOPS.**—The Workshops on the Register are as follows:—Tailoring 8, Carpenters 6, Dressmakers 14, Bakehouses 3, Shoe Repairers 7, Milliners 11, Cycle Repairers 3, Miscellaneous 13, total 65.

**MEAT AND FOOD.**—Meat entering the Urban area during the greater portion of the year has been practically confined to that obtained through the medium of the Government Meat

Agent, acting for the Ministry of Food, and is consigned to the Local Control Body, composed of all the butchers in the area, and known as the Sheerness and Isle of Sheppey Meat Association, the meat being distributed to the local members from a central source, as in the case of frozen meat, a lock-up shop taken over for the purpose, and in the case of live stock, a central slaughterhouse recognised by the Government Meat Agent for the area as a Government slaughterhouse.

This centralisation and control of distribution has indirectly been of great service to the Health Department, and has resulted in the following meat having been condemned as unfit for human consumption during the year: —

Tubercular Fresh Beef .....	1,009lbs.
Frozen Imported Beef .....	2,528lbs.
Frozen Beef Liver .....	42lbs.
Lamb .....	148lbs.
Compressed Corn Beef .....	1,774lbs.
Compressed Ox Tongue .....	12lbs.
Bacon .....	475lbs.
Frozen Tripe .....	11lbs.
Preserved Ham .....	26lbs.
Frozen Kidneys .....	36lbs.
Mixed Fresh Fish .....	210lbs.
Mackerel .....	84lbs.
Shrimps .....	16 gallons
Crabs .....	100
Kippers .....	112lbs.
Bloaters .....	42lbs.
Rabbits .....	430lbs.
Butter .....	42lbs.
Cheese .....	18lbs.
Condensed Milk .....	2
Eggs .....	195
Figs .....	40lbs.
Tapioca .....	4lbs.
Dates .....	120lbs.
Rolled Oats .....	6lbs.
Fowls .....	32
Ducks .....	25

In all these cases the articles were voluntarily surrendered upon the advice of the Sanitary Inspector, a surrender note being signed by the owner to that effect. I regret to report that one poultry vendor exposed for sale 6 fowls in a condition adjudged by a Justice of the Peace, to be unfit for human consumption. On the case being heard the vendor was convicted for infringing the Public Health Regulations, and fined £5.

I trust that, eventually, the application of the Master Butchers of Sheerness (dated 12th of January, 1915), for the erection of a Public Abattoir will materialise.



SANITARY INSPECTOR.—The work of the Sanitary Inspector has been reported on under various headings in the body of my Report, but the following summary should be added:—

NUISANCES.—Notices were issued to abate the following nuisances:—

To repair dilapidated dwellings .....	39
To repair defective roofs causing dampness .....	52
To cleanse dwellings and houses .....	5
To cleanse or provide rain water troughing.....	12
To prevent escape of sewer gas into houses .....	7
To provide slop drains .....	2
To open and repair slop drains .....	78
Dilapidated, defective, and choked water closets	80

Owing to the War it has been necessary to restrict our activities to the more urgent sanitary requirements only.

#### INSPECTIONS MADE DURING THE YEAR.

House Inspections .....	520
Slaughterhouse Inspections .....	150
Cowshed and Dairy Inspections .....	4
Common Lodging-house Inspections .....	2
Houses Let in Lodgings .....	12
Workshops and Workplaces .....	30
Bakehouses .....	12
Cases of Infectious Disease investigated (including Tuberculosis) .....	77
Complaints received .....	65

#### RESULTS OF ABOVE INSPECTIONS.

Nuisances detected .....	340
Nuisances abated .....	280
Informal Notices issued .....	124
Statutory Notices issued .....	49
Legal proceedings instituted in respect thereof .....	1
Number of articles of clothing disinfected at Steam Disinfecting and Fumigating Room .....	514
Number of patients removed to Hospital .....	26
New drains tested (by water) .....	0
Old drains tested (by smoke) .....	54

# ANNUAL REPORT

ON THE

## Health & Sanitary Condition

OF THE

### Borough of Queenborough,

FOR THE YEAR 1919.

# Borough of Queenborough.

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## THE CORPORATION.

Alderman Captain E. W. JAFFRAY, J.P., *Mayor*.

Alderman J. S. BILLS, *Deputy and Ex-Mayor*.

*Alderman* F. CHAMPION.

„ J. W. STEVENS.

*Councillor* S. AUSTIN.

„ T. W. BRIGHTMAN.

„ A. R. CONSTANT.

„ W. S. FENTON.

„ G. GILES.

„ A. E. HALES.

„ R. J. JENNINGS.

„ S. JOHNSON.

„ W. LODDER.

„ F. H. STEVENS.

„ E. THOMPSON.

*Town Clerk*:—E. CECIL HARRIS, Solicitor.

*Surveyor and Sanitary Inspector*:—HORATIO SMALL,  
M.R.S.I.

*Health Visitor and District Nurse*:—Nurse LUCY COOPER.



# ANNUAL REPORT FOR 1919.

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TO THE TOWN COUNCIL OF QUEENBOROUGH.

MR. MAYOR AND GENTLEMEN,—

I have the honour to submit to you the Annual Report for 1919.

THE NEEDS OF THE DISTRICT.—The most urgent are Housing accommodation and Hospital provision. These you are dealing with.

I am, your obedient servant,

T. BARRETT HEGGS.

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## VITAL STATISTICS.

POPULATION.—The Registrar-General estimates the population to the middle of 1919 to be 3,491, including non-civilians, and 3,351 excluding non-civilians whether serving at home or abroad. The former is used for calculating the Birth Rate, and the latter for the Death Rate. In 1911 the population at the Census was 2,468.

BIRTHS.—During 1919 there were 71 births registered, of which 6 were illegitimate. During 1918 there were 83, and 1917 81, in 1916 there were 104, and in 1915 83. The Birth Rate was 20.3, compared with 25.3 in 1918. The Birth Rate for England and Wales was 18.5

DEATHS.—During 1919 there were 34 deaths, compared with 33 in 1918, and 32 in 1917. The Death Rate is 10.1, as compared with 11.4 in 1918. The rate for England and Wales is 13.8

INFANT MORTALITY.—During 1919 there were 7 deaths of infants under one year of age, giving a mortality of 98.6 per 1,000 births. The rate for England and Wales is 89.

## SUMMARY OF INFECTIOUS DISEASE STATISTICS FOR THE YEAR 1919.

**TYPHOID FEVER.**—One case during the year appeared, with an average of 1 case per annum during the preceding 5 years.

**SCARLET FEVER.**—Two cases appeared, with an average of 17 during the preceding 5 years.

**DIPHTHERIA.**—Twenty-seven cases, mostly children, with an average age of 10 years. These cases were clinically slight. The average number for the preceding 5 years was 12. The cause of this increased number was the presence of “carriers” among the school children.

**TUBERCULOSIS.**—Twelve cases were notified, 11 of Consumption, and 1 of the disease in other organs. Of consumption, 7 were males with an average age of 35, and 4 were females with an average age of 36. The average number notified during the preceding 5 years was 5.

**PNEUMONIA.**—One case was notified.

**MEASLES.**—One case was notified.

No case of Erysipelas or Puerperal Fever occurred.

**MALARIA.**—During the year 26 cases came to our notice, as compared with 27 in 1918, and 11 in 1917. Of these 26 cases 4 were imported, that is infected abroad. Of the others many were cases infected in Qucenborough *in previous years*, so that the following table showing fresh infections arising during the different years, gives a better indication of the incidence of Malaria in the district than the number of notifications does.

Year.	Fresh Infections.	Notifications.
1911 .....	1 ... ..	—
1914 .....	4 ... ..	—
1917 .....	22 ... ..	11
1918 .....	13 ... ..	27
1919 .....	20 ... ..	26

During 1919 there were 20 fresh indigenous cases infected and 3 old indigenous cases relapsed, 4 old imported cases were notified, of which 3 had relapses of the disease. Of the 60 known indigenous cases in the district only 23 had attacks during the year. Of these 23, 20 were original or first attacks, and 3 only were relapses. Of the 23, parasites were found in the blood of 13. These 23 cases occurred in 18 houses, 4 of the houses had had cases of Malaria in previous years. The localities chiefly affected were:—

Comyn Terrace .....	6 cases
Stanley Avenue .....	5 cases
Harold Street .....	4 cases
Woodhall Terrace .....	3 cases

So that the large majority of the cases occurred in a small area east of the Railway Station, and the part of Queenborough nearest to Holme Place Camp. This part of Queenborough has always had the heaviest incidence of this disease since notification began, hence the association of Malaria in Queenborough with Holme Place Camp, where a large number of convalescent Malarial soldiers were housed by the War Office in 1917-18. In this neighbourhood also are collections of surface water in which mosquitoes have been shown to breed. These ponds have been dealt with during the year, and the whole of the marshy land in this neighbourhood will shortly be thoroughly drained, as it is about to be developed as a building site.

The incidence, therefore, of Malaria in Queenborough during 1919 is rather better than during 1917, but worse than 1918.

The fact that only 3 of the 40 known cases existing in the district before 1919 relapsed during this year, and the small number of relapses of the cases occurring in 1919 shows that the treatment of the cases is satisfactory. Mosquito nets are now provided for all cases as soon as they are reported, and advice is given to keep all such houses free from mosquitoes.

I, therefore, anticipate that Malaria in future will gradually die out of the district, and will not be a source of so much sickness and incapacity as in the past recent years.

In August, 1919, at the request of the Ministry of Health, the Council appointed Dr. Orr to be their Medical Officer under Article XI. of the Malaria Regulations. In October, on Dr. Orr leaving the district, Dr. Madwar was appointed. He is constantly in touch with all the cases of this disease in Queenborough.

The following table gives particulars of all the known cases in the district:—



# KNOWN CASES OF MALARIA.

No.	Initials	Age	Address	Date of Infection	Date of Last Attack	Par'sites found	Remarks
1	M.W.	32	10, Stanley Avenue	1911.....	1918.....	No	Grandmother of these Children, who lived in Queenborough, had ague all her life
2	P.S.	13	1, Comyn Terrace	1914.....	ditto	No	
3	V.S.	9	ditto	ditto.....	1914.....	No	
4	E.S.	11	ditto	ditto.....	ditto	No	
5	J.S.	7	ditto	ditto.....	ditto	No	
6	M.K.	44	24, Castle Street	July, 1917	1918.....	Yes	Left district
7	L.M.	33	ditto	ditto	ditto	Yes	
8	C.V.B.	23	39, Stanley Avenue	ditto	ditto	Yes	
9	G.K.	46	24, Castle Street	August, 1917	1917.....	No	Left district
10	G.H.	25	27, ditto	ditto	1918.....	Yes	
11	E.G.	28	7, Comyn Terrace	September, 1917	ditto	Yes	See Nos. 6 and 7
12	F.K.	45	20, Castle Street	ditto	ditto	Yes	
13	A.U.	29	9, North Road	ditto	ditto	Yes	
14	A.A.	23	12, Woodhall Terrace	ditto	1917.....	No	
15	F.L.	10	25, Castle Street	October, 1917	1918.....	Yes	
16	W.C.H.	3	10, Railway Terrace	ditto	ditto	Yes	Since died
17	G.D.	18	27, First Avenue	ditto	1917.....	Yes	
18	M.U.	28	9, North Road	ditto	1918.....	Yes	
19	W.U.	3	ditto	ditto	1917.....	No	
20	S.E.	4½	5, Comyn Terrace	ditto	ditto	Yes	
21	A.S.	9	95, High Street	ditto	January, 1919	No	See No. 13
22	E.Y.	45	6, Comyn Terrace	November, 1917	1918.....	Yes	
23	A.C.	14	29, Harold Street	ditto	ditto	Yes	
24	M.F.	46	Essex House.....	ditto	1917.....	No	
25	L.R.	17	11, Harold Street	ditto	ditto	No	
26	I.R.	12	ditto	ditto	ditto	No	Left district
27	F.R.	14	ditto	ditto	ditto	No	
28	H.Y.	9	6, Comyn Terrace	January, 1918	1918.....	Yes	
29	W.S.	10	2, Woodhall Terrace	May, 1918	ditto	Yes	
30	M.L.	30	26, Castle Street	June, 1918	ditto	No	
31	W.R.	57	ditto	July, 1918	ditto	Yes	Left district
32	H.W.	13	14, North Road	ditto	ditto	Yes	
33	M.S.	35	1, Comyn Terrace	September, 1918	ditto	No	See Nos. 2 to 5
34	A.D.	10	19, Harold Street	ditto	ditto	No	

# KNOWN CASES OF MALARIA.—Continued.

No.	Initials	Age	Address	Date of Infection	Date of Last Attack	Par'sites found	Remarks
35	J.W.	34	14, Stanley Avenue.....	1916.....	April, 1919.....	No	Imported from West Africa
36	G.L.A	3	161, High Street .....	November, 1918	1918 .....	Yes	
37	R.B.	6	27, Harold Street .....	ditto	June, 1919.....	Yes	
38	J.W.	15	14, North Road .....	ditto	1918.....	Yes	See No. 31
39	D.D.	4	5, Woodhall Terrace....	ditto	ditto .....	Yes	
40	E.D.	2	ditto .....	ditto	ditto .....	Yes	
41	H.W.	5	2, Jubilee Cottages, North Road	1918.....	January, 1919 .....	Yes	
42	S.S.	26	12, Harold Street .....	1918.....	June, 1919.....	Yes	Imported from Salonika See Nos. 32 and 2 to 5 Left district, see No. 20
43	C.P.S.	19	1, Comyn Terrace.....	June, 1919.....	ditto .....	No	
*44	R.S.	8	95, High Street .....	ditto	ditto .....	No	
45	E.D.	15	6, Stanley Avenue.....	ditto	ditto .....	No	
46	M.B.	33	43, Stanley Avenue .....	July, 1919 .....	July, 1919 .....	No	
47	E.B.	2	ditto .....	ditto	ditto .....	No	
48	M.B.	6	ditto .....	ditto	ditto .....	No	
49	P.H.	15	8, Harold Street.....	August, 1919.....	September, 1919 ..	Yes	
50	S.H.	8	ditto .....	ditto	ditto .....	No	
51	M.D.	39	5, Woodhall Terrace ...	September, 1919 ..	October, 1919 .....	Yes	} See Nos. 38 and 39
52	R.D.	12	ditto .....	ditto	November, 1919 ..	Yes	
53	B.B.	7	8, Comyn Terrace.....	ditto	October, 1919 .....	Yes	
54	L.R.	9	ditto .....	ditto	ditto .....	Yes	
55	G.W.	7	4, Comyn Terrace.....	ditto	ditto .....	Yes	
56	H.Y.	7	1, Jubilee Cottages, North Road	ditto	ditto .....	Yes	See No. 21, Father; and No. 27, [Brother Imported from Salonika—left district Imported from Egypt
57	A.B.	32	77, High Street.....	1918.....	1919 .....	No	
58	W.H.	25	ditto .....	ditto.....	October, 1919 .....	Yes	
59	W.F.H.	25	2, Whiteway Road ....	October, 1919 .....	ditto .....	Yes	See No. 55 See Nos 51 and 52
60	A.H.	7	8, Domesque Avenue ..	ditto	November, 1919 ..	Yes	
61	H.W.	28	4, Comyn Terrace.....	ditto	October, 1919 .....	No	
62	W.D.	40	5, Woodhall Terrace....	November, 1919 ..	December, 1919 ..	No	
63	J.N.	55	3, Comyn Terrace.....	ditto	ditto .....	Yes	
64	J.G.	4	48, Gordon Avenue.....	December, 1919 ..	ditto .....	No	

\* Inserted as No. 18a, 1917 cases.

## SCHOOL NOTIFICATIONS OF COMMUNICABLE DISEASE.

During the year 64 cases of Influenza (March), 7 Diphtheria, and 1 each of Scarlet Fever, Tuberculosis, and Malaria were reported to me from the schools. Close co-operation between the Local Health Department and the school is a most necessary provision.

## MATERNITY AND CHILD WELFARE.

Nurse Cooper is the District Nurse and Health Visitor of the district, and is also the Superintendent of the Maternity and Child Welfare Centre. She has been particularly successful and popular in her work and has won the appreciation of everyone.

The Child Welfare work has progressed very satisfactorily and the generous gift of a Centre for this work by the Mayor, Captain E. W. Jaffray, as a "Thankoffering for Peace," will enable this work to be carried to still greater efficiency. The new Jaffray Centre (a converted large Army hut), opened in March, 1920, is fitted with Medical Officer's consulting room, Nurse's consulting room, surgery, store, and a large hall which is to be used for lectures, classes in garment making, and general Welcome purposes. Maternity or Ante-Natal work will be carried on here on separate days from the Child Welfare or Post-Natal work. The surgery will be utilised for the many dressings and other minor surgical works which the Nurse attends to as District Nurse.

The following figures give but an imperfect idea of the work carried out during the year:—

Notifications of Births in Queenborough for the year 1919:

By Doctors .....	26
By Midwives .....	54
	—
Total .....	80
	—

Stillbirths ..... Nil

Cases of Ophthalmia Neonatorum ..... 2

Number of Midwives practising ..... 1

Name—Mrs. L. Runham, High Street, Queenborough.

INFANT WELFARE WORK. — Half-year ending December 31st, 1919:—

Notification visits .....	80
No. of Infants visited .....	243
Subsequent visits .....	517



The Welfare Centre was open weekly, average weekly attendances being:—

Mothers .....	17
Babies .....	22

DISTRICT NURSING:—

Number of Patients visited ..... 329

Number of visits paid ..... 1808

Making with the Infant Welfare a grand total of 2,568 visits.

### DEATHS OF INFANTS UNDER 1 YEAR DURING 1919.

Date of Death	Sex	Age	Certified cause of Death
29th January ..	Female ..	1 month	(1) Ulcerative Stomatitis (2) Convulsions
10th February ..	Male ....	3 months	(1) Dentition Stomatitis (2) Bronchitis
13th February ..	Male ....	2 months	Congenital Heart Disease, 2 months
23rd February ..	Female ..	1 month	(1) Bronchitis (2) Convulsions
20th March ....	Male ....	3 months	(1) Bronchitis (2) Convulsions
17th June .....	Male ....	4 hours	Premature Birth, 4 hours
27th December	Female ..	20 days	(1) Bronchitis (2) Pneumonia

During 1918 the same number (7) of deaths under 1 year of age occurred. Six of these 7 deaths were from preventible causes. A large proportion of these deaths were from Bronchitis, a point which will be emphasized by the Health Visitor in her talks to the mothers.

MILK FOR NECESSITOUS MOTHERS. — The Council in November authorized the Health Visitor and Medical Officer to supply milk (dried or fresh) free in necessitous cases to nursing and expectant mothers or infants. Glaxo and Virol have been supplied, at cost price, for a long time at the Mothers' Welcome, also cod liver oil and malt and other medical foods.

The following report to the Maternity and Child Welfare Committee was presented to the Council in December:—

## MATERNITY AND INFANT WELFARE.

I beg to report upon the attached Memorandum, No. 12, 13, and 14, which has been sent by the Ministry of Health, setting out the work which ought to be undertaken by you.

The Ministry states that the Centre should have a Managing Committee, containing voluntary workers, and including working women.

### MATERNITY.

The functions of the Maternity or Ante-Natal Centre being distinct from those of the Infant Welfare or Post-Natal Centre, it is desirable to allot a separate day for this work at your Centre.

The co-operation of the Midwives is valuable. They should advise their patients to attend the Centre, and should be informed of any special treatment advised by the Medical Officer for their patients; similar co-operation by the District Nurses also is valuable.

It is advised that Medical Practitioners or Midwives may send cases to the Centre for medical opinion or other assistance.

**STAFF.**—The Ministry advise that the Maternity Centre should have the services of a medical man who has had particular experience in obstetrics and gynaecology (that is diseases of women and of the problems of abnormal confinements). A medical man who is familiar with these matters should, therefore, be appointed to the Centre. The Medical Officer of Health would continue to act as administrative supervisor.

**PREMISES.**—Suitable rooms for waiting, dressing, and consultations (with examination couch, etc.) are required. In addition to the work of the Medical Officer at the Centre, and the Home Visitor, classes in mothercraft and garment making, etc., are advocated.

**DENTAL TREATMENT.**—Where the Medical Officer advises that dental treatment is required in the case of an expectant or nursing mother you are advised to include it in your work, assisting to pay the cost of this in the case of mothers unable to pay themselves.

**VENEREAL DISEASE** as complicating Maternity cases.—The County Council should be asked to provide facilities for the special treatment of these diseases in the Island of Sheppey.

**MATERNITY HOME.**—The Ministry advise that the Maternity Centre should be associated with a Maternity Home, into which complicated cases requiring in-patient treatment could be taken. A Maternity Home is much needed. Every year mothers and infants have died in cases of complicated pregnancies owing to having to be treated in unsuitable homes, instead of in a suitably equipped Maternity Home. Provision for this should be made at the proposed Cottage Hospital in the Isle of Sheppey.

## INFANT WELFARE.

The Ministry advocate infant consultations, home visiting, and class teaching, such as is carried on at your Centres. The premises considered necessary by the Ministry will be provided at your new Centre.

It is advised that the facilities of a Day Nursery should be extended to the admission of cases of ailing babies who require special management away from the mother for some little time (day and night); this would necessitate a night staff. This provision for ailing babies would be better met by a Babies' Ward at your proposed Cottage Hospital for the Island.

RECOMMENDATIONS.—In accordance with the advice of the Ministry, I advise you:—

1. That a Managing Committee for your Centre should be formed by a Sub-Committee of the Joint Maternity and Child Welfare Committee, who should have the power to co-opt voluntary workers and working women to form a Managing Committee, who should meet at least monthly at the Centre, and supervise its working and make any recommendations it wishes to you. Local Midwives and District Nurses should be thought of when co-opting members.
2. That at your Infant Centre a Maternity or Ante-Natal Centre be established in addition to the Infant Welfare or Post-Natal Centre, and that it be held on a different day.
3. A general practitioner with experience in the diseases of children and women, and of abnormal confinements, be appointed as Medical Officer to your Maternity and Infant Centres. To start with, attendance twice weekly at the Centre, once for infants and once for maternity cases. One half of his salary would be paid by Exchequer grant.
4. That a special couch and screens be purchased.
5. That in cases where dental treatment is ordered by your Medical Officer for expectant or nursing mothers unable to pay for it, I advise that the estimate be brought before you in each case for your decision as to the proportion of the cost you will pay.
6. That Maternity Home provision and a Ward for Babies be considered in conjunction with the proposed Cottage Hospital for the Island.
7. Shelter for perambulators will be required at your new Centre.



MIDWIFERY IN NECESSITOUS CASES.—I also recommend that you consider (as advised by the Ministry of Health) some method of providing the services of a trained Midwife for the confinements of necessitous mothers. This may be possible in conjunction with the Lying-in Ward of the proposed Cottage Hospital for the Island.

#### CAUSES OF DEATHS REGISTERED DURING 1919.

Disease	Males	Females	Total
Consumption or Tuberculosis .....	3	1	4
Cancer .....	2	2	4
Diphtheria .....	2	1	3
Influenza .....	2	1	3
Bronchitis .....	1	2	3
Pneumonia .....	1	2	3
Heart Disease .....	1	1	2
Congenital Debility .....	2	0	2
Other causes .....	5	5	10
Totals .....	19	15	34

There is nothing new to report on the following matters:—Bye-laws, Staff, Water Supply, Drainage and Sewerage, and Scavenging.

HOUSING.—There is overcrowding in dwelling-houses in Queenborough. There are 489 dwelling-houses in the district of rateable value up to £12, and 83 of rateable value between £12 and £20. Since 1911 census 121 of the former were built, but none of the latter. No houses were closed during the year by the Sanitary Authority and no houses are vacant. There has been an increase of working-class population during 1919, due to new works being opened in the Borough. The Council has a Housing Scheme for over 100 houses well in hand. The requirements during the next three years are stated by the Council to be for 500 houses. The present Housing Scheme is only an instalment.

#### SHEPPEY GLUE AND CHEMICAL WORKS AND EFFLUVIAL NUISANCE.

In November I reported upon this to the Town Council as follows:—

Complaints have continuously been received of the interference with the enjoyment of their lives and property of inhabitants of your district, caused by the obnoxious effluvia emanating from these works.

The industry is of long standing in Queenborough, in fact, was for many years the main industry of your town. From time to time in my Annual Reports and in Special Reports, it

has been my duty to draw your attention to the nuisance associated with this industry. In March, 1913, a Special Report was made to you in which the nuisance was classified under three headings:—

- (1) Unloading of bones, etc., at the Railway Yard.
- (2) Cartage of this material through the streets to the Works.
- (3) Smell from the Works.

In consequence, in 1914, the firm provided a Railway Siding to their Works, which has satisfactorily dealt with the first two headings, and to mitigate the third a condensing plant was installed to condense steam from boiling pans, which hitherto had escaped into the air. This undoubtedly helped to mitigate the nuisance. The offensive smell from the actual Works was in that Report stated to be due partly to this boiling process and partly from the storage of bones.

During the War an emergency installation for fat refining was made, which did not provide for any destruction of the fumes. This was a War measure; nuisance from this source will not occur in future. The nuisance, therefore, due to escape of steam has been, to a large extent, obviated.

The nuisance from the storage of bones, etc., remains yet to be dealt with, together with the nuisance arising from the unsuitable structure and condition of many of the premises.

I advocated in 1913:—

- (1) That all wooden bone storage sheds should be replaced by impermeable buildings, which can be scraped, washed, and cleansed with disinfectant as required.
- (2) That such storage places should not ventilate into the outer air, but be ventilated by extraction flues leading to condensers or a furnace.
- (3) That ample storage accommodation should be provided to meet emergencies.

At the same time I recommended you to take steps to adopt the model Bye-laws for offensive trades for your Borough, as drawn up by the Local Government Board.

Again, in November, 1913, Mr. Councillor Rogerson proposed to the Council that these same Bye-laws should be adopted for the Borough. The matter was again shelved.

It was at that time pointed out that the Home Office Official, i.e., Factory Inspector, and the Medical Officer of Health were the safeguards to the town in respect of anything from a factory being injurious to the health of the town. This is true, but the responsible health authority is the Town Council, and while it is the duty of the Officials to report to the Council, it is the duty of the Council to take the necessary action.

In March, 1914, certain new bone stores were constructed at the Marsh Works of ferro-concrete with concrete floors, which were an improvement upon the old wooden buildings.



Since that date, no doubt in consequence of the War, no further improvement has been effected. On the other hand, the manufacture of artificial manure on these premises has increased.

#### PRESENT POSITION AND RECOMMENDATION.

On the 18th of September, 1919, the Factory Inspector of the Home Office made an inspection of the Works, together with your Medical Officer of Health, and in consequence I am putting forward again to you to-day, as a first step, a recommendation that you do apply to the Ministry of Health for power to adopt the Model Bye-laws for offensive trades in respect of the Sheppey Glue and Chemical Works (Main Works and Marsh Works), where the processes of artificial manure making, bone sorting, and treating, and glue making are carried on.

Following upon this a Committee was appointed to inspect the works and report.

The following is the report the Committee made to the Council at its meeting in February, 1920:—

#### TOWN WORKS.—

The Committee recommend:—

- (1) That a dust extractor be fixed in the bone grinding mill.
- (2) That steps be taken for the fumes from the steaming bones after fat extraction, to be treated so as to render them innocuous before discharge into the open air.
- (3) The steamer house and several storehouses, by reason of dilapidations, allow noxious fumes to escape into the open air. This should be rectified by putting the buildings into a proper state of repair.
- (4) The noise associated with the blowing-off of the glue steamers should be obviated by a silencer or some other effective means.
- (5) The following points of structure require attention:—  
Floors of concrete, walls to be rendered in cement and limewashed, passages concreted so that they may be scraped or otherwise effectually cleansed.
- (6) All roofs should be made waterproof.

#### MARSH WORKS.—

- (1) There is a large accumulation of untreated decomposing bones. No proper provision is made for storing same. This should be dealt with by providing adequate storage, properly constructed of brick rendered in cement inside, concrete floors and slate roof, and drained.
- (2) The dilapidated condition of the bone sorting and fat extracting house should be attended to by substituting for the existing woodwork walls constructed of concrete or brick rendered in cement.
- (3) The Company are asked to consider whether something can be done to reduce the acid fumes reaching the town.



The Committee also report that they have gone through the Model Bye-Laws of the Ministry of Health dealing with Offensive Trades, and recommend the Council to adopt Numbers 7 to 11, 23 to 27, 35 to 43, and 55 to 62.

The Council adjourned consideration of the adoption of the report till the March meeting.

The report of the Committee justifies the Medical Officer of Health in his recommendations to the Council.

## HOUSING SURVEY OF THE BOROUGH.

During October, 1919, the Ministry of Health called for a survey of the Housing conditions and needs of the Borough, and the following summary contains the most important features in this survey as reported to the Ministry:—

Pre-War Population .....	3,400
Average annual increase of population for the 5 years before the War.....	100
Estimated present population .....	3,273
Number of Dwelling Houses .....	577
Average number built annually before the War.....	25
Houses built from January, 1915, to December 31st, 1918....	nil
Empty Houses .....	nil
Tenements with more than 2 occupants per room .....	Most of Houses are overcrowded
Houses intended for 1 family and now occupied by more than 1	Many Houses with 2 families

## PREVAILING RENTS.

(a) Houses with living room, scullery, and two bedrooms . . .	6/6
(b) Houses with living room, scullery, and three bedrooms ..	7/6
(c) Houses with parlour, living room, scullery, and two bedrooms .....	8/6
(d) Houses with parlour, living room, scullery, and three bedrooms .....	9/6 and 10/6
(e) Houses with parlour, living room, scullery, and four bedrooms .....	Owner-Occupiers only
(f) Tenements in block buildings .....	nil
(g) Other Dwellings .....	Boys' Hostel at Glass Works with 150 boys

## ESTIMATE OF HOUSING NEEDS.

Working-class houses required during the next three years to	
(a) Meet the unsatisfied demand for houses.....	100
(b) Replace houses which fall below a reasonable standard	4
(f) Meet anticipated deficiencies, arising from new industrial development .....	150

Net estimate ..... 254

The Council also submitted in their scheme for houses to be built that, in view of the projected industrial developments in the Borough, the number of houses may have to be increased to a maximum of 500. The Council is, therefore, thoroughly alive to the Housing needs of the Borough.

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## REPORT OF SANITARY INSPECTOR.

Surveyor's Office, Queenborough,

18th February, 1920.

GENTLEMEN,—

I beg to submit my report on the general sanitary conditions of the Borough, and the work carried out in connection therewith during the past year.

Anxiety for the general health of the civilian population has been considerably relieved by the removal of the last of the troops stationed in this area.

The improvement in the supply of labour has enabled me to give more prompt attention to minor defects and to obviate nuisance arising therefrom.

The advent of further commercial enterprise has still further aggravated the Housing problem. Overcrowding has become the rule rather than the exception, and will undoubtedly be the most serious question before you in the coming year. Although it has been found possible to deal with a number of serious overcrowding cases, it is impossible to deal with the question any further until accommodation is provided. The general position is most unsatisfactory.

No marked improvement has been shown in the scavenging; the improvement in the contract for 1920 should, however, bring about considerable improvement. Some houses still need to be provided with sanitary dustbins by the owners of the property; this matter is receiving attention.

In spite of a great increase in the demands of factories and builders, a constant water supply has been maintained during the year.

I am, Gentlemen,

Your obedient servant,

HORATIO SMALL,

Sanitary Inspector.

# ANNUAL REPORT

ON THE

## Health & Sanitary Condition

OF THE

## Urban District of Sittingbourne.

FOR THE YEAR 1919.



# Sittingbourne Urban District Council.

1919-20.

*Chairman*—E. F. HANDCOCK, Esq., J.P.\*

*Vice-Chairman*—J. R. MILLEN, Esq.\*

COUNCILLOR G. ANDREWS, J.P.\*

„ M. EASTON.

„ F. FILMER.\*

„ MRS. FRENCH.

„ L. J. GOODHEW.\*

„ R. A. HADAWAY, J.P.

„ C. U. IND, M.D.\*

„ E. G. MARSH.\*

„ H. PAYNE, J.P., C.A.\*

„ W. REEVE.

Note.—Those marked \* are members of the Health Committee,  
Councillor C. U. Ind, Chairman.

*Clerk to the Council, 1919*—CHAS. B. HARRIS, Solicitor.

„ *1920*—G. H. POTTER.

*Acting Surveyor*—W. LEONARD GRANT.

*Sanitary Inspector*—PERCY SCHOFIELD.

*Health Visitor*—Nurse E. H. FURMINGER.

# ANNUAL REPORT FOR 1919.

## TO THE SITTINGBOURNE URBAN DISTRICT COUNCIL.

MADAM AND GENTLEMEN,—

I beg to submit the Annual Report for 1919.

The chief Public Health needs of the district are Housing Accommodation, the prevention of Infant Mortality, the universal provision of flushing cisterns and sanitary dustbins, and the provision of a Cottage Hospital for the joint districts.

I am, your obedient servant,

T. BARRETT HEGGS.

### VITAL STATISTICS.

POPULATION.—The growth of the district is shown thus:—

	Census.	Census.	Census.	Census.	Esti-
Year	..... 1881 ...	1891 ...	1901 ...	1911 ...	mated. 1919
Population	.. 7856 ...	8302 ...	8994 ...	8382 ...	9012

POPULATION estimated for 1919.—For Death Rate the Registrar-General has excluded all non-civilian males, whether serving at home or abroad, in the population. The estimate is based on rationing returns from the Ministry of Food. This estimate is 8,651. For Birth Rate, however, all non-civilians enlisted from the country are included, and this estimate is 9,012.

BIRTHS.—During 1919 there were 181 births in the district, which is 3 more than the previous year. The Birth Rate in this year was 20 per 1,000 population, compared with 20.3 in 1918, 17.9 in 1917, and 26.1 during 1916. With this very small number of births it is necessary to do everything in our power to prevent Infantile Mortality. The Birth Rate for England and Wales as a whole was 18.5. Of the births 11 per cent. were illegitimate.

DEATHS.—During 1919 there were 98 belonging to the civil population. The Death Rate was 11.3 per 1,000 population, compared with 17.7 in 1918, 18.4 in 1917, and 13.8 in 1916. The Death Rate for England and Wales as a whole was 13.8. Of these total deaths, 19 were infants under one year of age, compared with 20 in 1918, 11 in 1917, 18 in 1916, 10 in 1915, and 15 in 1914.

The Infant Mortality rate was 105 per 1,000 births, as compared with 89 for the whole of England and Wales. This needs serious attention by the Council, and its Maternity and Child Welfare Committee.

## CAUSES OF DEATHS REGISTERED DURING 1919.

Disease	Males	Females	Total
Bronchitis .....	8	3	11
Heart Disease.....	5	5	10
Consumption or Tuberculosis of Lungs ....	4	5	9
Other Tuberculosis .....	3	0	3
Cancer .....	3	5	8
Pneumonia .....	5	3	8
Congenital Debility .....	5	3	8
Influenza .....	4	3	7
Other Chest Diseases .....	0	4	4
Kidney Disease .....	1	1	2
Violence .....	0	2	2
Other causes .....	14	12	26
Totals .....	52	46	98

SUMMARY OF INFECTIOUS DISEASE STATISTICS FOR  
THE YEAR 1919.

The total number of cases of notifiable Infectious Disease which have occurred during the year is given below, with the average number for the preceding 5 years.

**TYPHOID FEVER.**—No case has appeared, with an average of two cases per annum for the last 5 years.

**DIPHTHERIA.**—Twenty-two cases were notified, of which the diagnosis was revised in 7, so that 15 true cases occurred. Of these 7 were males and 8 females, and the average age was 16 years. The average number for the preceding 5 years was 31 per annum.

**SCARLET FEVER.**—Thirty-nine cases were notified, of which 3 proved negative, so that 36 true cases occurred. Of these 16 were males and 20 females, and the average age was 9 years. The average number for the preceding 5 years was 19 per annum.

**TUBERCULOSIS.**—Sixteen cases of Pulmonary Tuberculosis or Consumption, of which 10 were females of average age of 21, and 6 males of average age of 36. Three cases of Tuberculosis in other organs were notified, with an average of  $3\frac{1}{2}$  years. The total of 29 cases for the year is slightly above the average for the preceding 5 years, which was 18.

**ERYSIPELAS.**—Three cases of females, with an average age of 39 years, as compared with an average of 3 during the preceding 5 years.

**OPHTHALMIA NEONATORUM.**—Six cases, 5 of which were in the practice of midwives, as compared with an average of 1 per annum for the past 5 years.

**MEASLES.**—Five cases. German Measles, 2 cases. No cases of Puerperal Fever or Cerebro-Spinal Fever occurred.

**MALARIA.**—Three imported cases of ex-soldiers infected abroad.



## NOTIFICATIONS OF COMMUNICABLE DISEASES FROM THE SCHOOLS.

Very few cases were reported during the year. Twelve cases of Whooping Cough, 8 of Mumps, 2 of Scabies, 2 of Influenza, and 2 of Scarlet Fever, 1 each of Chicken Pox and Ringworm.

## DEATHS OF INFANTS UNDER ONE YEAR OF AGE.

Date of Death	Sex	Age	Certified cause of Death
14-2-19 ....	M.	7 months ..	Influenza
27-2-19 ....	F.	4 months ..	Acute Bronchitis
1-3-19 ...	M.	7 months ..	Broncho-Pneumonia
2-3-19 ....	M.	11 months ..	Broncho-Pneumonia
14-3-19 ....	M.	5 months ..	Tubercular Meningitis
17-3-19 ....	M.	6 months ..	Broncho-Pneumonia
21-3-19 ....	F.	16 days ....	Congenital Debility
20-7-19 ...	F.	4 hours ....	Premature Birth—4 hours
20-7-19 ....	M.	4 hours ....	Premature Birth—4 hours
29-8-19 ....	M.	1 minute ..	Premature Birth
5-9-19 ....	M.	6 months ..	Bronchitis and Marasmus
11-9-19 ....	F.	11 months ..	Supuration in Ear, followed by Abscess and Meningitis
12-10-19 ...	F.	8 months ..	Acute Broncho-Pneumonia
17-11-19 ....	M.	2 days .. .	Premature—at seven months
19-12-19 ....	F.	2 hours ....	Prematurity—six months
22-12-19 ....	F.	1 minute ..	Precipitate Labour

9 Males:..... } Total 16  
7 Females .. }

Of this large number, 16, six deaths were due to being born too soon, and six to inflammation of the lungs, two from infectious diseases (Tuberculosis and Influenza), and two from other causes.

Every one of these deaths should have been prevented.

There is a great need for an Ante-Natal and Maternity Centre.

## GENERAL SANITARY CIRCUMSTANCES.

Sittingbourne is essentially an industrial district, chiefly dependent on the Paper Mills, Brickmaking, and Cement industries.

During the summer months, a large number of the population are employed in the fruit and hop gardens of the surrounding rural districts, but since the outbreak of war, the acreage of the hop gardens has decreased.

The roads, both main and private, are in a satisfactory condition. The main roads are tar-sprayed. The estimated assessable value of the district is £35,416, and a rate of 1d. in the £ produces about £147 nett.

The General District Rate is approximately 2/6 in the £ for the half-year.

SEWERAGE AND DRAINAGE.—The majority of the houses are already connected to the Council sewers, and the remaining houses are steadily being connected. I hope, after this war, to see most of the existing cesspools abolished, and also, that the W.C.'s will be fitted with a proper flushing apparatus.

WATER SUPPLY.—Satisfactory.

SCAVENGING.—It is very desirable that the collection and storage should be in proper covered carts and bins only.

### HOUSING SURVEY OF SITTINGBOURNE URBAN DISTRICT.

During October, 1919, the Ministry of Health called for a Survey of the Housing conditions and needs of the district, and the following summary contains the most important features in this Survey as reported by me to the District Council:

Pre-War population, estimated .....	(M.O.H.) 8382
Average annual increase of population for the five years	
before the War .....	Nil
Estimated present population .....	(Registrar-General) 8756
Anticipated increase or decrease of population .....	Nil
Number of dwelling-houses .....	2160
Number of working-class houses (of certain types).....	1857
Average number built annually in the 5 years before the	
War .....	1
Number built from Jan. 1st, 1915, to Dec. 31st, 1918...	Nil
Empty houses .....	Nil
Tenements with more than 2 occupants per room .....	Nil
Houses intended for 1 family and now occupied by more	
than one .....	111

### RENTS PREVAILING.

(a) Houses with living-room, scullery, and 2 bedrooms...	4/0
(b) Houses with living-room, scullery, and 3 bedrooms...	5/3
(c) Houses with parlour, living-room, scullery, and 2	
bedrooms .....	5/9
(d) Houses with parlour, living-room, scullery, and 3	
bedrooms .....	6/9
(e) Houses with parlour, living-room, scullery, and 4	
bedrooms .....	9/0
(f) Tenements in block buildings .....	Nil

### ESTIMATE OF HOUSING NEEDS.

Working-class houses required during the next 3 years to	
(a) Meet the unsatisfied demand for houses .....	100
(b) Replace dwellings unfit for habitation and which can-	
not be made fit .....	18
(c) Replace houses which fall below a reasonable standard	25
(d) Meet anticipated deficiencies arising from new indus-	
trial development .....	Nil

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Total ..... 143

## INSANITARY HOUSES.

Number of houses already subject to Closing Orders .....	20
Number of houses already subject to Demolition Orders	Nil
Number of houses seriously defective, but can be made fit	2

SITTINGBOURNE URBAN DISTRICT COUNCIL.  
ANNUAL REPORT OF THE SANITARY INSPECTOR  
FOR THE YEAR 1919.

MR. CHAIRMAN AND GENTLEMEN,—

I have the honour to submit my Annual Report for the year 1919. After an absence of three years and four months on Military Service, I resumed my duties on March 17th.

## HOUSING (INSPECTION OF DISTRICT) REGULATIONS.

Systematic house-to-house inspection has been carried out during the year, although owing to abnormal conditions due to the War, one has had to proceed more cautiously.

Owing to the scarcity of labour and high cost of materials, difficulty has been experienced in getting nuisances remedied as quickly as one would like. This difficulty has naturally led to an increase of work, as many more re-visits to houses under notice have been required before the work was actually carried out. In only one or two instances was opposition met with from owners, although in many cases a five years' accumulation of nuisances has had to be dealt with.

Although seven cases of overcrowding have been remedied, others have been met with. Under the present conditions it has been quite impossible to effectively deal with these cases. It has been possible, in some instances, to minimise the danger due to overcrowding by a re-arrangement of the sleeping accommodation, or by utilising the sitting-room for sleeping purposes.

The following is a brief summary of the work carried out under above heading:—

*Number of houses inspected and details recorded .....	435
Number of houses inspected, details not being recorded...	179
Number of houses represented as unfit for human habitation .....	4
Number of houses made fit for habitation without Closing Orders being served .....	7
Number of houses for which Closing Orders have been made	0



Number of houses for which Demolition Orders have been made .....	14
Number of houses at which sanitary defects were found .....	129
Number of houses for which Intimation Notices were served .....	409
Number of houses for which Statutory Notices were served .....	41
Total number of nuisances abated .....	433

\*The whole of the houses in Bayford Road, Shakespeare Road, West Lane, East Street, Canterbury Road, Terrace Road, Dover Street, The Wall, Eastbourne Street, and Faith Street have been inspected.

Summary of nature and number of nuisances abated during the year:—

Damp houses remedied .....	42
Overcrowding remedied .....	7
Houses cleansed .....	23
Roofs repaired .....	27
Spouting and fall pipes cleansed or repaired .....	29
Doors or windows repaired .....	26
Floors or plaster repaired .....	54
Paving relaid or repaired .....	8
Drains repaired .....	16
Drains cleansed .....	26
Drains connected to new sewer .....	12
New sinks provided .....	5
Water closets repaired .....	49
Sanitary dustbins provided .....	86
Urinals cleansed or repaired .....	1
Offensive accumulations removed .....	5
Other nuisances remedied .....	17

## INFECTIOUS DISEASES AND DISINFECTION.

Investigations have been made and the necessary disinfection carried out in connection with 39 cases of Scarlet Fever, 22 cases of Diphtheria, 19 cases of Consumption, 3 cases of Erysipelas, and 3 cases of Malaria.

## SLAUGHTERHOUSES, MEAT SHOPS, &c.

There are 6 slaughterhouses on the register, and these are kept in a satisfactory condition. In addition there are 12 meat shops 13 fish shops, and 5 fried fish shops.

The following table shows the kind, condition, and weights of the various articles of food which have been condemned and voluntarily surrendered during the year:—

Kind of Food	Disease or Condition	Weight in lbs.	
BOVINE—			
12 whole Bovine Carcases			
Organs, and Offal .....	Tuberculous ..	6,387	
1 Calf Carcase .....	Unsound ....	98	
Beef, fresh (parts).....	Tuberculous ..	438	
Ditto, ditto .....	Unsound ....	136	
Beef, frozen .....	Unsound ....	390	
Organs and Offal .....	Tuberculous ..	136	
PIGS—			
2 whole Carcases .....	Fevered .....	120	
1 ditto .....	Dropsical ....	40	
Organs and Offal .....	Unsound ....	18	
SHEEP—			
9 whole Carcases .....	Unsound ...	196	
FISH—			
Mackerel .....	Unsound ....	278	
Haddock .....	Unsound ....	112	
Bloaters .....	Unsound ....	16½	
MISCELLANEOUS—			
Corned Beef .....	Unsound ....	96	
Tripe .....	Unsound ....	18	
Cheese .....	Unsound ....	93	
Dates .....	Unwholesome	2,068	
Butter .....	Unsound ....	2½	
Bacon .....	Unsound ....	203	
		—	2,480½ lbs.
Milk (Condensed) .....	Unsound ....	46 Tins	
Total .. 10,845 lbs.			

From the above table it will be noted that more than three tons of Tuberculous meat has been condemned. Compensation in these cases is guaranteed by the Government, and it is probably on this account that many animals which have not been “doing well,” have been sent to market. Whatever the reason, it is a source of satisfaction to know that these animals are not yielding their quota to the country’s milk supply.

It is again pleasing to note that with few exceptions, I was asked to make the examination as soon as the salesman became aware of the abnormal condition.

## DAIRIES, COWSHEDS, & MILKSHOPS REGULATIONS.

There are 3 registered cowkeepers, 5 dairies or milk stores, and 5 milk sellers in your district. The cowkeepers occupy 5 cowsheds, with an approximate number of 28 milch cows. 39 visits have been made to these premises during the year.

The following defects were found and subsequently remedied:—Accumulation of manure, 3; milk shop dirty, 1.

## FACTORIES AND WORKSHOPS.

There are 20 factories and 65 workshops and work places, including 7 bakehouses, on the register. 81 visits have been made to these premises, during which the following defects were noted:—Dirty water closets 3, defective water closets 1, dirty workrooms 2, no lavatory accommodation 2. With the exception of the absence of lavatory accommodation at two premises and which was in hand at the end of the year, all defects have been remedied.

## COMMON LODGING-HOUSES.

There is only one common lodging-house in your district. During the five inspections which have been made, the following defects were found and afterwards remedied: — Dirty rooms and floors, defective floors, insufficient ventilation, dirty w.c.'s, burst water pipe in w.c.

## RATS AND MICE (DESTRUCTION) ACT, 1919.

The above Act, which came into operation on January 1st, 1920, aims at waging war against rats and mice. Besides being carriers of disease it is estimated that between £30,000,000 and £40,000,000 worth of damage is done annually in England by these rodents.

In December, as your Executive Officer, I submitted a report in which I recommended that the Milton Regis Urban District Council and the Milton Rural District Council be invited to co-operate with your Council in a "Rat Week" effort. This recommendation was approved by your Council, and arrangements for putting same into effect were well in hand at the end of the year.

In conclusion, I desire to express my thanks to the Chairman and Members of the Council for the ready support which has been given me in the discharge of my duties during the year.

I am, Gentlemen,

Your obedient servant,

PERCY SCHOFIELD.



# ANNUAL REPORT

ON THE

## Health & Sanitary Condition

OF THE

## Urban District of Milton Regis,

FOR THE YEAR 1919.

# Milton Regis Urban District Council

1919-20.

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*Chairman*—W. R. ELGAR, Esq., J.P., C.C.

*Vice-Chairman*—G. BOWES, Esq.

COUNCILLOR T. BUGGS.

„ F. DOWN.

„ J. FILMER.

„ S. GRANSDEN.

„ W. HALES.

„ G. F. A. HUART.

„ H. S. KNOWLES.

„ A. REYNOLDS.

„ L. S. WATSON.

„ A. E. WOOD.

*Clerk to the Council*—JOHN DIXON, Esq., M.A., Solicitor.

*Surveyor*—Mr. MARSHALL HARVEY.

*Sanitary Inspector*—Mr. W. LONGHURST (up to November).

*Health Visitor*—Nurse E. H. FURMINGER, C.M.B.

# ANNUAL REPORT FOR 1919.

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TO THE MILTON REGIS URBAN DISTRICT COUNCIL.

GENTLEMEN,—

I beg to submit the Annual Report for 1919.

The chief public health needs of your district are (1) efficient sanitary work which is impossible without a whole-time Sanitary Inspector; (2) housing accommodation; (3) the provision of a Cottage Hospital for the joint districts; and (4) the universal provision of flushing cisterns and sanitary dustbins.

I am, your obedient servant,

T. BARRETT HEGGS.

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## SANITARY WORK IN MILTON REGIS.

During the year it has become evident to me that the District Council is not anxious for sanitary progress. The following facts will substantiate my statement:—

In 1913 Milton Regis decided that the sanitary work of the district necessitated a whole-time Sanitary Inspector being appointed, and a well trained and qualified Inspector was selected out of a large number of candidates, to devote his whole time to his work, with the addition of certain water inspection duties to prevent wastage of water. From that time a modern sanitary department for Milton Regis began to develop, and when the War called the Inspector, Mr. Longhurst, to the Army he went with the best wishes of his Council, who kept his position open for him. On his return, in 1919, he found that the housing work particularly had become urgent. The need for repair and the recognition of the unfitness for habitation of some of the house property had become apparent. More houses were represented as unfit for habitation during the next six months than during several preceding years, and great efforts were made to get the more urgent house repairs attended to. However, in the midst of this activity, without any warning or complaint to him, he was given two months' notice to leave. I cannot say whether this action was caused by his activities in housing matters. I have not heard of any satisfactory reason for this action. I was privately informed that the Council had decided to revert to their former unsatisfactory arrangement of Joint Surveyor and Sanitary Inspector. This was done. The owners of dilapi-



dated property in Milton Regis will be pleased. The second unsatisfactory action of the Council was in connection with the housing survey, which was called for by the Ministry of Health in 1919. This survey was submitted to the Council by me, and approved by them in open meeting as given in another part of this report. It will be seen that the estimated needs for houses during the next three years is given as 131. Afterwards, however, without the knowledge of the Medical Officer of Health, an amended survey report was sent to the Ministry reducing the number of houses required by 50. This action does not show a desire to meet the sanitary necessities of the district in an open and satisfactory manner. The Medical Officer of Health is expected by the public to be their safeguard in matters pertaining to their health. It is, therefore, my duty to place the above experiences before them, and at the same time to remind them that efficiency in Local Government is just as essential to the well being and prosperity of the nation as efficiency in the Central Government, and anxious as Parliament may be to improve the health of the people, it is useless to expect improvement so long as Local Government remains antagonistic instead of helpful.

### VITAL STATISTICS.

	Census.	Census.	Census.	Census.	Esti-
Year	..... 1881	... 1891	... 1901	... 1911	..... mated.
Population	4210	5213	7056	7477	7309

POPULATION.—For Death Rate the Registrar-General has estimated the population at 7,016, excluding all non-civilian males, whether serving at home or abroad. It is based on rationing returns from the Ministry of Food. For Birth Rate, however, all non-civilians enlisted from the country are included, and this estimate is 7,309.

BIRTHS.—During 1919 there were 142 births registered in the district, compared with 128 in 1918, 145 in 1917, and 157 in 1916. Of the births, 7 were illegitimate, which is 4.9 per cent. The Birth Rate for 1919 is 19.4 per 1,000 population, compared with 18 in 1918. The Birth Rate for England and Wales is 18.5.

DEATHS.—In 1919 there were 82 deaths registered of residents in the district, compared with 95 in 1918, 92 in 1917, and 111 in 1916, 96 in 1915, 76 in 1914. The Death Rate was 11.6 per 1,000. The Death Rate for England and Wales is 13.8.

INFANTILE MORTALITY.—During 1919 there were 3 deaths of infants under 1 year of age, or an Infantile Mortality rate of 21.1 per 1,000 births. In the year 1918 the rate was 94, and in 1917 89, in 1916 82 per 1,000. The Infant Mortality for England and Wales is 89.

Of the infantile deaths the chief causes are given below, compared with previous years (4 of these were visitors to your district):—

Causes	1916	1917	1918	1919
Common Infectious Diseases....	1	1	1	—
Diarrhoea.....	1	1	3	—
Premature Birth and Wasting Disease .....	3	5	5	4
Tuberculosis Diseases .....	1	—	—	—
Other causes .....	7	6	3	3
Totals.....	13	13	12	7

### SUMMARY.

	1919	1918	1917	1916
Death Rate .....	11·6	15	13·7	16·4 per 1,000 pop.
Birth Rate.....	19·4	18	19·4	21·3 „
Infantile Mortality.....	2·1	9·4	8·9	8·2 per 100 births
Notification of:—				
Enteric Fever .....	5*	0	2	0
Diphtheria .....	15	20	28	20
Scarlet Fever .....	5	1	8	2
Tuberculosis .....	23	21	10	23
Deaths from all forms of Tuberculosis .....	5	7	11	9

\* These were infected outside your district.

### CAUSES OF DEATH REGISTERED DURING 1919.

Diseases	Males	Females	Total
Heart Disease .....	5	8	13
Cancer .....	3	4	7
Bronchitis .....	5	2	7
Consumption or Tuberculosis .....	2	3	5
Influenza .....	4	1	5
Pneumonia .....	1	2	3
Violence .....	2	1	3
Diphtheria .....	1	1	2
Kidney Disease .....	0	2	2
Congenital Debility .....	1	1	2
Other causes .....	12	21	33
Totals.....	36	46	82

## SUMMARY OF INFECTIOUS DISEASE STATISTICS FOR 1919.

The following figures show the incidence of notifiable Infectious Disease upon the Urban District of Milton Regis during the year 1919.

**TYPHOID FEVER.**—Five cases, in all of which the infection was imported from the Rural District of Faversham, where these cases had been hop-picking. The average age was 19 years. One of the cases died. No case, therefore, was infected with this disease in your district. In 1918 no case was infected, and in 1917 2 cases.

**DIPHTHERIA.**—Seventeen cases were notified, of which the diagnosis in 2 was revised. Of the 15 true cases the average age was 11 years, and 8 of the cases were males and 7 females. The cases were scattered throughout the district. In 1918 20 cases were notified, in 1917 28 cases.

**SCARLET FEVER.**—Eight cases, were notified of which the diagnosis was revised in 3. Of the 5 true cases the average age was 7 years. During 1918 1 case occurred. In 1917 one case.

**TUBERCULOSIS.**—(A) **PULMONARY TUBERCULOSIS OR CONSUMPTION.**—Twenty cases were notified; 10 of males with an average age of 32, and 10 of females, also with an average age of 32. (B) **OTHER FORMS OF TUBERCULOSIS.**—Three cases were notified, with an average age of 7 years. The total number of 23 cases compared with 21 cases in 1918, 10 in 1917, and 21 in 1916.

**OPHTHALMIA NEONATORUM.**—Two cases (both attended by midwives), as compared with 1 in 1918, and 1 in 1917.

**CEREBRO-SPINAL FEVER.**—Three cases, as compared with 1 in 1918, and 2 in 1917.

No cases occurred during the year of Erysipelas or Puerperal Fever. The year 1919, therefore, has been a fairly good year for Infectious Disease in the district.

## SCHOOL NOTIFICATIONS OF COMMUNICABLE DISEASES.

These were few during the year. Eight of Chicken Pox, 4 of Mumps, 1 of Scarlet Fever, and 1 of Ringworm, were all received from all the school departments in the district.



## SEVEN DEATHS OF INFANTS UNDER 1 YEAR DURING 1919.

Date of Death	Sex	Age	Certified Cause of Death
(a) 19th Jan. . .	Male . . . .	3 months . .	(1) Debility from Birth (2) Eclampsia
(b) 1st Feb. . . .	Male . . . .	19 days . . . . .	(1) Marasmus (2) Syncope
10th Feb. . .	Female . .	1 month . . . .	Probably a cold
(c) 14th Feb. . .	Male . . . .	1 month . . . .	(1) Inanition from Birth
24th Sept. . .	Male . . . .	1 month . . . .	(1) Premature Birth and Congenital Debility
(d) 1st Oct. . . .	Male . . . .	2 months . .	(1) Infantile Convulsions (2) Syncope
14th Nov. . . .	Female . .	9 days . . . . .	(1) Icterus Neonatorum

5 Males }  
2 Females } Total 7, of which only 3 belonged properly to Milton Regis.

- (a) Died in Workhouse Infirmary, and belonging to Sheerness Urban District.  
 (b) Belonging to 2, Pembury Street, Sittingbourne.  
 (c) Died in Workhouse Infirmary, belonging to 16, Cross Street, Sittingbourne.  
 (d) Belonging to Croydon.

### GENERAL SANITARY CIRCUMSTANCES.

The Urban District of Milton Regis has an area of 2,558 acres, and consists of a large old, and small new part, divided by the main London to Dover Road. To the north of the London Road, lies old Milton, with a great deal of old cottage property. To the south lies the new part, comprised of a better class of house property.

The chief industries are brick and cement making, also a large paper making mill. London refuse (used in brick making) is dumped on brickfields close to the town.

ROADS.—There are 5 miles of main roads, and 18 miles 4 furlongs of other roads. Both main and bye-roads are in a satisfactory condition. Tar-painting is done on the main roads, and the chief of the bye-roads.

HOUSING.—There has been an increase of working-class population during the year, but the amount is not known. Dwelling-houses in the district of rateable value up to £12—1,389. Of these only 11 were erected since 1911 census. Houses of rateable value £12 to £20, 205; of these only 2 were erected since 1911 census. No vacant houses fit for habitation.

COMMON LODGING HOUSES.—There are 3 such premises registered in the district, and careful watching is necessary so as to keep them in a sanitary condition, and in conformance with the bye-laws. Bye-laws for houses let in lodgings are in force in the district.

WATER SUPPLY, DRAINAGE AND SEWERAGE, SCAVENGING.—Nothing to report.

## HOUSING SURVEY OF MILTON REGIS URBAN DISTRICT.

During October, 1919, the Ministry of Health called for a survey of the Housing conditions and needs of the district, and the following summary contains the most important features in this survey as reported by me to the District Council:

Pre-War population .....	(M.O.H.)	7619
Average annual increase of population for the 5 years before the War .....		Nil
Estimated present population .....	(Registrar-General)	7101
Anticipated increase or decrease in population.....		Nil
Number of dwelling-houses .....		1678
Number of working-class houses (of certain types) .....		1594
Average number built annually in the 5 years before the War .....		8
Number built from January 1st, 1915, to December 31st, 1918 .....		Nil
Empty houses which may be made suitable by alterations for housing the working-classes .....		5
Tenements with more than 2 occupants per room.....		Nil
Houses intended for 1 family and now occupied by more than one .....		85

### RENTS PREVAILING.

(a) Houses with living-room, scullery, and 2 bedrooms...	3/6
(b) Houses with living-room, scullery, and 3 bedrooms...	4/3
(c) Houses with parlour, living-room, scullery, and 2 bedrooms .....	5/3
(d) Houses with parlour, living-room, scullery, and 3 bedrooms .....	6/6
(e) Houses with parlour, living-room, scullery, and 4 bedrooms .....	8/0
(f) Tenements in block buildings .....	Nil

### ESTIMATE OF HOUSING NEEDS.

Working-class houses required during the next 3 years to	
(a) Meet the unsatisfied demand for houses .....	100
(b) Replace dwellings unfit for habitation and which cannot be made fit .....	10
(c) Replace houses which fall below a reasonable standard .....	21
(d) Meet anticipated deficiencies arising from new industrial development .....	—
Total .....	131

### INSANITARY HOUSES.

(1) Inhabited houses which are not and cannot be made fit	2
(2) Persons inhabiting these .....	7

- (3) Houses now subject to Closing Orders ..... 8  
 (4) Houses now subject to Demolition Orders ..... Nil  
 (5) Houses seriously defective, but can be made habitable 5  
 The Council's present scheme is for only 50 houses.

## SANITARY INSPECTOR'S REPORT, 1919.

### HOUSING (INSPECTION OF DISTRICT) REGULATIONS.

Number of houses inspected and details recorded ..... 259  
 Number of sanitary defects found and notices served ... 126

### INFECTIOUS DISEASE.

Investigations have been made, and the necessary disinfection carried out in connection with:—Diphtheria 16, Scarlet Fever 7, Pulmonary Tuberculosis 13, Malaria 3, and Typhoid 5.

### SLAUGHTERHOUSES AND MEAT SHOPS.

There are 3 Slaughterhouses on the register and 4 Meat Shops, and these are kept in a satisfactory condition. The following was condemned as unfit for human consumption:—30lbs. of tinned meat and 1 pair of lungs.

### DAIRIES, COWSHEDS, & MILK SHOPS REGULATIONS.

At the present time there are 10 persons registered under the above Order, and they are divided as follows: — Registered cowkeepers 5, purveyors of milk 10.

### FACTORY AND WORKSHOPS ACT.

There are 14 factories and 11 workshops on the register. Periodical inspections have been made from time to time and sanitary improvements carried out where necessary.

### COMMON LODGING-HOUSES.

There are 3 houses registered in the district as Common Lodging-houses, and from inspections made the same have been kept in accordance with the Bye-laws.

### HOUSES LET IN LODGINGS.

There is only one house in the district registered as a House-Let-in-Lodgings, and this has been kept in accordance with the Bye-laws.

### OFFENSIVE TRADES.

There are in the district 2 rag and bone dealers, 1 tallow chandler, 1 fellmonger, and 1 fried fish shop, and from inspections made they were found to be kept in compliance with the Bye-laws.

(Signed) ALBERT W. CALLAWAY,  
 Inspector of Nuisances.

Town Hall, Milton Regis,  
 March 11th, 1920.





# ANNUAL REPORT

ON THE

## Health & Sanitary Condition

OF THE

### Rural District of Milton,

FOR THE YEAR 1919.

# Milton Rural District Council.

1919-20.

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*Chairman*—W. F. WOOD, Esq., J.P.

*Vice-Chairman*—H. TRIPLOW, Esq., J.P.

COUNCILLOR G. ANDREWS, Esq., J.P.

„ R. COOPER, Esq.

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„ LIEUT.-COL. R. G. E. LOCKE, J.P., D.L.

„ G. QUINNELL, Esq.

„ H. W. SOUTH, Esq.

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„ STANLEY STEVENS, Esq.

„ A. J. THOMAS, Esq.

„ R. M. WAKELEY, Esq., C.C.

„ W. STEWART WOOD, Esq.

*Clerk to the Council*—E. CECIL HARRIS, Solicitor.

*Surveyor*—ERNEST C. PEARCY.

*Sanitary Inspector and Food Inspector*—P. SCHOFIELD.

*Health Visitor*—NURSE FURMINGER.



# ANNUAL REPORT, FOR 1919.

## TO THE MILTON RURAL DISTRICT COUNCIL

GENTLEMEN,—I have the honour to submit to you the Annual Report for 1919.

The chief public health needs of your district are (1) Sewerage for Rainham parish, which would allow (2) better cesspool emptying arrangements for other parishes. The Rural District should support the proposal for a Cottage Hospital for the combined district.

NURSING.—A District Nurse, who also could practise midwifery, is needed at Rainham.

I am, your obedient servant,

T. BARRETT HEGGS.

## CASES OF INFECTIOUS DISEASES NOTIFIED DURING 1919.

Disease.	No.	Average of persons 5 years.	
Scarlet Fever .....	55	...	27
Diphtheria .....	18	...	32
Puerperal Fever .....	Nil	...	—
Cerebro-Spinal Meningitis .....	1	...	1
Pulmonary Tuberculosis .....	23	...	21
Other forms of Tuberculosis .....	3	...	—
Erysipelas .....	2	...	4
Ophthalmia Neonatorum .....	2	...	1.5
Enteric Fever .....	Nil	...	2
Measles .....	8	...	—
German Measles .....	3	...	—
Malaria .....	8	...	—

## SUMMARY OF CASES OF INFECTIOUS DISEASE FOR THE YEAR 1919.

TYPHOID FEVER.—No cases occurred during the year, as compared with an average of 2 cases per annum during the past 5 years.

DIPHTHERIA.—Twenty-four cases were notified, but in 6 of these the diagnosis was revised, so that 18 true cases occurred. Of the 18, 9 occurred in Bobbing, 3 in Borden, 3 in Bredgar,

and 1 each in Newington, Rainham, and Tong. The majority of these cases originated with an outbreak at Bobbing School, caused by a "carrier" recently discharged from hospital in another district being admitted to school at Bobbing. The figure of 18 compares with an average for the preceding 5 years of 32 cases per annum.

SCARLET FEVER.—Fifty-five cases, of which 28 were in Rainham, 11 in Newington, and 10 in Murston. The number for the preceding 5 years was 27 per annum.

TUBERCULOSIS.—Twenty-six cases, of which 23 were Consumption of the Lungs, and 3 were of the disease in other organs. The number for the preceding 5 years was 21 per annum.

ERYSIPELAS.—Two cases, compared with an average of 4 for the preceding 5 years.

OPHTHALMIA NEONATORUM.—Two cases, compared with an average of 1.5 for the preceding 5 years.

CEREBRO-SPINAL FEVER.—One case, compared with an average of 1 during the preceding 5 years.

MEASLES.—Eleven cases were notified, of which 3 were German Measles.

MALARIA.—Eight cases were notified, of which 3 were contracted locally. These 3 were the wife and children of an ex-soldier, who contracted his disease abroad. The others were of ex-soldiers with imported infection.

No case of Puerperal Fever occurred during the year.

INFECTIOUS CASES NOTIFIED IN THE DIFFERENT PARISHES.

Disease	Bapchild	Bobbing	Borden	Bredgar	Halstow	Hartlip	Iwade	Kingsdown	Milsted	Murston	Newington	Rainham	Rodmersham	Tong	Tunstall	Upchurch	Totals
Diphtheria .....	—	9	3	3	—	—	—	—	—	—	1	1	—	1	—	—	18
Scarlet Fever .....	—	—	2	—	2	—	—	—	—	10	11	28	—	—	—	—	55
Opthalmia Neonatorum .....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	2
Measles and German Measles ..	2	—	—	—	—	—	1	1	1	—	1	2	1	1	1	—	11
Pulmonary Tuberculosis .....	—	4	3	4	—	—	1	—	—	3	1	4	—	1	1	1	23
Other forms of Tuberculosis ..	—	—	2	—	1	—	—	—	—	—	—	—	—	—	—	—	3
Erysipelas .....	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—	2
Malaria .....	—	—	5	—	—	—	—	—	1	—	—	1	—	—	—	—	7
Cerebro-Spinal Fever .....	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	1
Totals .....	2	13	15	8	3	0	2	1	2	15	14	36	1	3	3	4	122

SCHOOL NOTIFICATIONS OF COMMUNICABLE  
DISEASES FROM ALL THE SCHOOLS IN THE RURAL  
DISTRICT FOR THE YEAR 1919.

	Ringworm	Whooping Cough	Chicken Pox	Measles	Mumps	Others
January ..	3	—	—	—	—	—
February ..	—	—	7	—	—	1
March ....	—	—	10	—	—	2
April .....	—	5	23	—	—	—
May .....	—	8	3	3	1	1
June .....	—	2	—	—	1	12
July .....	—	—	2	—	—	6
August ....	—	—	—	1	1	2
October ..	—	2	—	—	—	—
November	—	—	1	—	—	—
December	—	7	27	—	—	2
Totals..	3	24	73	4	3	26

DEATHS OF INFANTS UNDER 1 YEAR DURING 1919.

Date of Death	Sex	Age	Cause of Death
February ..	Male ....	5 months ..	Acute Bronchitis and Congenital Debility
April .....	Female ..	2 months ..	Marasmus or Wasting
May .....	Female ..	2 months ..	Premature Birth
June .....	Male ....	3 months ..	Convulsions
July .....	Female ..	7 months ..	Marasmus or Wasting
July .....	Male ....	9 hours ....	Premature Birth
August ...	Female ..	9 months ..	Zymotic Diarrhœa—3 days
September ..	Male ....	11 days .....	Marasmus or Wasting
October ....	Male ....	2 hours ...	Premature Birth
October ....	Female ..	18 hours ....	Premature Birth
October ....	Male ....	2 days .....	Premature Birth
November ..	Female ..	2 days .....	Premature Birth
December ..	Male ....	6 days ....	Premature Birth
December ..	Female ..	30 minutes ..	Heart Failure

7 Males        }  
7 Females      } Total 14.

It is noteworthy that one-half of these deaths were due to the child being born too soon. These deaths our Maternity work should prevent.



## VITAL STATISTICS.

POPULATION.—The growth of the district is shown thus:—

	Census.	Census.	Census.	Census.	Esti- mated.
Year	1881	1891	1901	1911	1919
Population	11195	11453	12123	12445	13468

POPULATION of your district estimated by the Registrar-General for the year 1919, for the purpose of the Death Rate, is 12,929, excluding all non-civilians whether serving at home or abroad. For the Birth Rate these non-civilians are included, and his estimate is 13,468. These figures are based on returns from the Ministry of Food.

BIRTHS.—During 1919 there were 232 births in your district, compared with 224 in 1918, 258 in 1917, and 277 in 1916. The Birth Rate for 1919 per 1,000 of the population was 17.2, compared with 16.4 for 1918, 18.6 for the year 1917, and 18.5 for the whole of England and Wales. Great care must be taken to preserve infantile life, and in this respect your Health Visitor is doing good work. Of the births, 6.4 per cent. were illegitimate, compared with 8 per cent. in 1918, 6.9 in 1917, and 6.9 in 1916.

DEATHS.—During 1919 there were 169 deaths belonging to the civil population. The Death Rate was 13 per 1,000 of the population, compared with 15.2 in 1918, 15.2 in 1917, and 12.5 during 1916. Of these total deaths, 15 were under one year of age, compared with 14 in 1918, 19 in 1917, and 24 in 1916. In 1915 there were 34, and in 1914 there were only 8 deaths under one year of age.

	1919	1918	1917
Population, estimated	13468	13187	13812
Death Rate (belonging to the district per 1,000)	13.0	15.2	15.2
Infant Mortality Rate	6.4%	6.2%	7.3%
Birth Rate	17.2	16.9	18.6
Total Infectious Diseases Notified (ex- cluding Tuberculosis and Measles all forms)	77	46	60
Typhoid Fever	Nil	1	Nil
Diphtheria	18	22	22
Scarlet Fever	55	19	28
Deaths from Tuberculosis	22	18	22

During the year there were 15 deaths under one year of age, giving an Infant Mortality Rate of 64.6 per 1,000 births. The rate for England and Wales is 89.

## CAUSES OF DEATH REGISTERED DURING 1919.

Disease	Males	Females	Total
Pulmonary Tuberculosis or Consumption ..	9	11	20
Other Tuberculosis .....	1	1	2
Heart Disease .....	12	7	19
Kidney Disease .....	8	7	15
Cancer .....	5	9	14
Congenital Debility .....	5	6	11
Bronchitis .....	3	5	8
Violence .....	5	1	6
Pneumonia .....	4	1	5
Diphtheria .....	1	4	5
Influenza .....	2	3	5
Diarrhoea .....	1	1	2
Confinement .....	—	2	2
Other causes .....	29	26	55
Totals .....	85	84	169

## HOUSING SURVEY OF MILTON RURAL DISTRICT.

During October, 1919, the Ministry of Health called for a survey of the Housing conditions and need of the district, and the following summary contains the most important features in this survey as reported by me to the District Council.

Pre-War population .....	(M.O.H.) 12,545
Average annual increase of population for the 5 years before the War .....	Nil
Estimated present population ... (Registrar-General)	13,187
Anticipated increase or decrease in population .....	Nil
Number of dwelling-houses .....	3,262
Number of working-class houses (of certain types) .....	3,046
Average number built annually in the 5 years before the War .....	14
Number built from January 1st, 1915, to December 31st, 1918 .....	16
Empty houses .....	Nil
Tenements with more than 2 occupants per room .....	Nil
Houses intended for 1 family and now occupied by more than 1 .....	114

## RENTS PREVAILING.

(a) Houses with living-room, scullery, and 2 bedrooms	3/6
(b) Houses with living-room, scullery, and 3 bedrooms	4/0
(c) Houses with parlour, living-room, scullery, and 2 bedrooms .....	4/6
(d) Houses with parlour, living-room, scullery, and 3 bedrooms .....	5/6

(e) Houses with parlour, living-room, scullery, and 4 bedrooms .....	7/6
(f) Tenements in block buildings .....	Nil

### ESTIMATE OF HOUSING NEEDS.

Working-class houses required during the next 3 years to	
(a) Meet the unsatisfied demand for houses .....	50
(b) Replace dwellings unfit for habitation and which cannot be made fit .....	3
(c) Replace houses which fall below a reasonable standard .....	12
(d) Meet anticipated deficiencies arising from new industrial development .....	—
Total .....	65

### INSANITARY HOUSES.

(1) How many inhabited houses are there which are not and cannot be made fit .....	3
(2) Persons inhabiting these .....	8
(3) Houses now subject to Closing Orders .....	3
(4) Houses now subject to Demolition Orders .....	Nil

### GENERAL SANITARY CIRCUMSTANCES.

Milton Rural District contains 16 parishes, which surround on all sides the Urban Districts of Sittingbourne and Milton Regis. The parishes are typically agricultural, except those bordering the Swale and Creeks, where brick and cement making have caused aggregations of Urban population in the portions of these parishes near the Creeks, notably Rainham (population about 3,899) and Murston (1,384).

INDUSTRIES.—(1) Agricultural — chiefly fruit and hops. Since the War, the acreage of hops has been decreased. (2) Brick; and (3) cement making and (4) the barge industry, which brings refuse from London for brickmaking, and the exportation of bricks.

ROADS.—There are 17 miles of main roads, and of bye-roads 101 miles. As a rule these roads are in good condition, but some of the roads which are not taken over by the Council are in a very bad state.

There are 224 dwelling-houses of rateable value up to £12, and 2,822 of rateable value £12 to £20. Since the last census in 1911 there have been 58 houses built, of the rateable value up to £12, and 12 of the rateable value of £12 to £20. Three houses have been closed by the Council during the year. The need for houses has been ascertained in each parish. It is suggested that 65 houses may be required — 12 of these at Rainham, 20 at Murston, and 3 or 4 in certain other parishes. A Housing scheme is now under consideration of the Ministry of Health.



SEWERAGE AND DRAINAGE.—Every year a certain amount of improvement is being carried out, but there still remains much more to be done. I hope soon to see that all the W.C.'s have proper flushing cisterns provided. The need for the sewerage of Rainham is as urgent as ever. This should be proceeded with at the earliest possible moment.

WATER SUPPLY.—This, taken as a whole, is very satisfactory, both as regards purity and quantity. The district is supplied by the Sittingbourne Water Works, the Rainham Water Works, and the Mid-Kent Water Company. The mains in some parishes might be extended with advantage.

The Sittingbourne Works supply the following parishes:—Murston, Bapchild, Tong, and parts of Bobbing, Newington, and Borden. The Rainham Works supply Rainham, Upchurch, Hartlip, Newington, and Halstow. The Mid-Kent Company supply Kingsdown, Milstead, Rodmersham, Bredgar, Eorden, Tonge, and Tunstall. The Milton Regis Works supply Iwade.

These waters are all of good quality, and the Rainham water, which comes from the green sand, the boring being at a depth of 900 feet, is of excellent quality. The great drawback to the Sittingbourne water is its hardness, having 19.1 degrees, compared with 0.5 of the Rainham water, per gallon.

COMMON LODGING HOUSES.—There are none in the district.

SLAUGHTERHOUSES.—There are 9 slaughterhouses in the district, as follows:—Rainham 4, Newington 1, Bapchild 1, Borden 1, Halstow 1, Upchurch 1.

OFFENSIVE TRADES.—There are none in the district.

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## TO THE MILTON RURAL DISTRICT COUNCIL.

### ANNUAL REPORT OF THE SANITARY INSPECTOR FOR THE YEAR 1919.

MR. CHAIRMAN AND GENTLEMEN,—

I have the honour to submit my Annual Report for the year 1919. After an absence of three years and four months on Military Service, I resumed my duties on March 17th.

### HOUSING (INSPECTION OF DISTRICT) REGULATIONS.

Systematic House-to-House Inspection has been carried out in most of the parishes of your district during the year. 687 houses have been inspected, and of these details have been recorded in connection with 517. When the scarcity of labour and the high cost of materials are considered, the abatement

of 539 nuisances may, I think, be regarded with satisfaction. Owing to the present abnormal conditions, one has felt justified in adopting a lower standard than in pre-War times, although after a five years' period, during which little has been done, nuisances calling for attention were not difficult to find.

It is gratifying to report that, with few exceptions, very little opposition has been met with from owners of property.

Property, like most other things, soon deteriorates if left unattended, and it is unsound policy to neglect remedying small defects as soon as discovered, as these very often develop into much more serious ones, taking a proportionately larger outlay to put right.

The following is a summary of the work carried out under above heading:—

Number of houses inspected and details recorded .....	517
Number of houses inspected, details not being recorded	170
Number of houses represented as unfit for human habitation .....	3
Number of houses for which Closing Orders have been made	3
Number of houses at which sanitary defects were found...	398
Number of houses for which Intimation Notices have been served .....	361
Number of houses for which Statutory Notices have been served .....	7
Total number of nuisances abated .....	539

Table showing nature and number of nuisances abated:—

Damp houses remedied .....	41
Overcrowding remedied .....	2
Houses with rooms cleansed .....	26
Roofs repaired .....	36
Spouting and fall pipes, cleansed or repaired	25
Doors or windows repaired .....	29
Improved ventilation or light to rooms .....	3
Floors or plaster repaired .....	70
Paving relaid or repaired .....	8
Drains repaired or ventilated .....	61
Drains cleansed .....	40
New drains provided .....	27
New sinks provided .....	13
Closets repaired .....	103
Privies converted into water closets .....	14
Offensive accumulations removed .....	5
Improved water supply provided .....	3
School defects remedied .....	6
Other nuisances remedied .....	27

## INFECTION AND DISINFECTION.

Investigations have been made and the necessary disinfection carried out in connection with the following cases of infectious diseases:—

Scarlet Fever .....	55
Diphtheria .....	24
Tuberculosis .....	26
Malaria .....	8
Erysipelas .....	2
Cerebro-Spinal Fever .....	1
Schools Disinfected .....	2

## SLAUGHTERHOUSES, MEATSHOPS, &c.

There are 9 slaughterhouses in your district, distributed as follows:—Bapchild 1, Borden 1, Halstow 1, Newington 1, Rainham 4, Upchurch 1. In addition there are 14 meatshops. 217 visits have been made to these premises.

The following table shows the kind, condition, and weight of the various articles of food which have been condemned and voluntarily surrendered during the year:—

Beef, including one whole carcase (Tuberculosis) ...	1,436 lbs.
Beef, frozen (Unwholesome) .....	168 lbs.
Two pairs of Bovine Lungs and 1 Liver (Tuberculosis)	
Fish, Mackerel (Unsound) .....	917 lbs.
Cheese (Unsound) .....	215 lbs.
Butter (Unsound) .....	12 lbs.

I desire to record that no opposition has been met with in the discharge of my duties from any of the salesmen in your district.

## DAIRIES, COWSHEDS, AND MILKSHOPS.

In your district there are 23 Cowkeepers and 24 Milk Sellers. 61 inspections have been made. The following defects were found and remedied:—

Cowsheds dirty .....	4
Cowsheds with defective drains .....	1
Cowsheds with insufficient light and ventilation...	2
Unsuitable sheds .....	2
Accumulation of manure removed .....	1

## FACTORIES AND WORKSHOPS.

On the Register there are 20 Factories and 40 Workshops and Workplaces, including 8 Bakehouses. During the 73 inspections of these premises the following defects were found and subsequently remedied:—

Defective sanitary convenience .....	1
Dirty W.C. ....	1
Dirty Workroom .....	1



## WATER SUPPLY

During the year six samples of water were taken from wells and sent for analysis. Unfavourable reports were received concerning three of these; one was found of doubtful quality, whilst two were found of good quality.

In two of the above cases suitable supplies have now been provided, and the others were in hand at the end of the year.

Late in the year seven houses at Upchurch were reported as being without a suitable and sufficient supply of wholesome water. Steps are being taken by the owners to lay on a pipe supply from the Rainham Water Company's mains to these houses.

In conclusion, I wish to thank the Chairman and Members of the Council for the support they have given me in my work during the year.

I am, Gentlemen,

Yours obediently,

PERCY SCHOFIELD.

# Faversham Port Sanitary Authority.

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Milton Creek and the Western Swale is within the jurisdiction of the Port of Faversham for the purposes of sanitation and public health. The Port Sanitary Authority is the Town Council of Faversham.

For that portion of the Faversham Port comprised in Milton Creek, as defined by the Milton Creek Conservancy Act, 1899, the Medical Officer of North-East Kent United Districts has been appointed Medical Officer of Health.

I here append the Annual Report:—

## TO THE FAVERSHAM PORT SANITARY AUTHORITY.

Mr. Chairman and Gentlemen,—

I have the honour to submit to you the Annual Report for 1919 of your Medical Officer for the Milton portion of the Port.

The type of vessel using the Creek and the nature of goods carried (chiefly bricks, wood pulp, London refuse, and manure), remain unchanged.

During the year I have periodically visited the Creek, and every barge using the Creek has been inspected during the year by your Sanitary Inspector.

The sanitary condition of the vessels remains satisfactory.

No foreign craft has arrived in the Creek during the year.

Sanitary defects discovered in barges were remedied at once by owners without Statutory Notice being served.

**INFECTIOUS DISEASE.**—No case of infectious disease has been reported on vessels during the year.

**REGULATIONS AS TO FOOD.**—Very little food stuffs is brought into this portion of the Port, and during the year no article of food was condemned as unfit.

**SHELL FISH.**—I append a report upon the Shell Fish layings in the Swale, which I represent to you as having caused in the past and likely to cause in the future, dangerous infectious disease in these districts. Action is advised under the Public Health (Shell Fish) Regulations of 1915.

**RATS.**—The Rats and Mice (Destruction) Act of 1919 makes the Port Sanitary Authority the responsible body to enforce these powers in respect to vessels. In the event of rats being discovered on a vessel notice is to be served upon the Master of the vessel, requiring him to take certain steps to prevent the escape of these vermin from the ship.

I understand that very rarely is a rat seen on the barges using Milton Creek, as owing to the barge construction rats cannot rest on them. Any action for rodent destruction on the vessels as by fumigation would, therefore, not appear to be called for.

The collections of London refuse for the brickfields deposited near the wharves are breeding places, but action in respect of these should be taken by the respective District Authorities.

I am, your obedient servant,

T. BARRETT HEGGS.

### SWALE SHELL FISH.

Shell Fish are gathered from the Swale by the following persons:—

1. Andrews, Charles, who supplies Thomsett, East Street, Sittingbourne.
2. Hobbs, of Milton, sells locally in Sittingbourne area and supplies Thomsett, of Greenstreet.
3. "Mac," who lives at Elmley, near Sharfleet Creek, and sells in Sittingbourne area.
4. Various men, including Mr. Carrier, living at Elmley Ferry House, who collect oysters at suitable tides, and supply to Duncan, of Faversham, who is believed to send them by rail to London.

It is understood that layings between Milton Creek and Elmley were rented by Duncan, Faversham, and those between Elmley Ferry and South Deep, including Fowley Island, are owned by Mr. Max Ullman, of 39, Floral Street, Covent Garden, but it is believed they are not being regularly worked now, and that all Shell Fish gathered now are by casual persons unauthorised.

Shell Fish gathered are chiefly as follows:—Winkles (a lot), cockles (a few), mussels (a lot), and oysters (a few).

The following are the chief gathering plans.

- (1) The Hutch, or the Marrow Bed, on the South side of the Swale, between Elmley Ferry and Fowley Island. Here are many mussels, but few oysters. It is from this bed that the oysters were taken which infected Mrs. Thomsett, of Sittingbourne, with typhoid, on 20th December, 1919.
- (2) The Spitend foreshore on North Bank of the Swale, between Well Marsh Creek and Windmill Creek—many winkles and mussels. This is the usual site for gathering winkles.



- (3) The Martin— a piece of land at the extreme Eastern end of Fowley Island. Oysters are gathered here.

The effect of tides is as follows:—

A very fast tide carries the sewage from Milton Creek eastward, along the north side of the Swale, past Sharfleet and Well Marsh Creeks; at the end of this tide this water is drawn back, and may escape by the western arm of the Swale. Any floating bodies as bottles, however, are carried to and fro in this portion of the Swale, between Milton Creek and Harty Ferry, several times before escaping to the open sea.

This strong current on the North Bank of the Swale causes an eddy and more stagnant water on the South Bank, so that pieces of wood, weed, and other debris collect on this south side.

The sewage from Milton Creek will do the same, and will oscillate in this area of the Swale for some time, and may settle on the south side. I also quote from the "Report of the Fishmongers Company of London," on oysters and shell fish (page 47), in which it is stated:—"On the 7th May, 1909, an inspection of the Swale was made for the purpose of testing the tidal currents, from the mouth of Milton Creek down through the main channel to the mouth of Faversham Creek, and from thence to Ham Gat Buoy, with the result that it was apparent, both on the ebb and flow, that sewage from Milton Creek and Faversham could pass over Elmley Ferry, and if the sewage from these places were not treated, it would undoubtedly affect the oyster layings in the Swale."

The layings between Milton Creek and Elmley, and also the Marrow Beds between Elmley Ferry and Fowley Island, are, therefore, highly dangerous, and, in fact, the whole of the layings between Milton Creek and Harty Ferry are liable to serious sewage pollution.

The layings in this area (Milton Creek to Harty Ferry, including Conyer, Sharfleet, Well Marsh, and Windmill Creek), should, therefore, be closed officially (under the Public Health (Shell Fish) Regulations of 1915), as Shell Fish from them are liable to cause dangerous infectious disease. Reference to Ordnance Map will show the position of these places mentioned.

T. BARRETT HEGGS,

Medical Officer of Health.

To the (1) Sittingbourne Urban District Council.  
(2) Faversham Port Sanitary Authority.

Faversham, December, 1919.

FAVERSHAM PORT SANITARY AUTHORITY.

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ANNUAL REPORT OF THE PORT SANITARY  
INSPECTOR.

Gentlemen,—

I beg most respectfully to submit my Annual Report for the year ended the 31st December, 1919.

During the year I made the following inspections:—

At Faversham Creek .....	71
At Oare Creek .....	106
At Milton Creek .....	634
At Conyer Creek .....	2
Total .....	<hr/> 813 <hr/>

The number of ships and vessels in respect of which such inspections were made was 179.

In the course of the inspections I discovered 7 sanitary defects. These were on barges carrying London manure, and affected chiefly questions of ventilation and lighting. In no case was it found necessary to serve written notices, as in all cases the defects were attended to readily by owners on verbal request.

The water supply has been found to be satisfactory.

Barges laden with manure have been properly cleansed when empty.

No infectious cases have been reported on vessels during the year.

I am, Gentlemen,

Your obedient servant,

J. H. HIGHWOOD,

Inspector of Nuisances.

The Faversham Port Sanitary Authority.





